



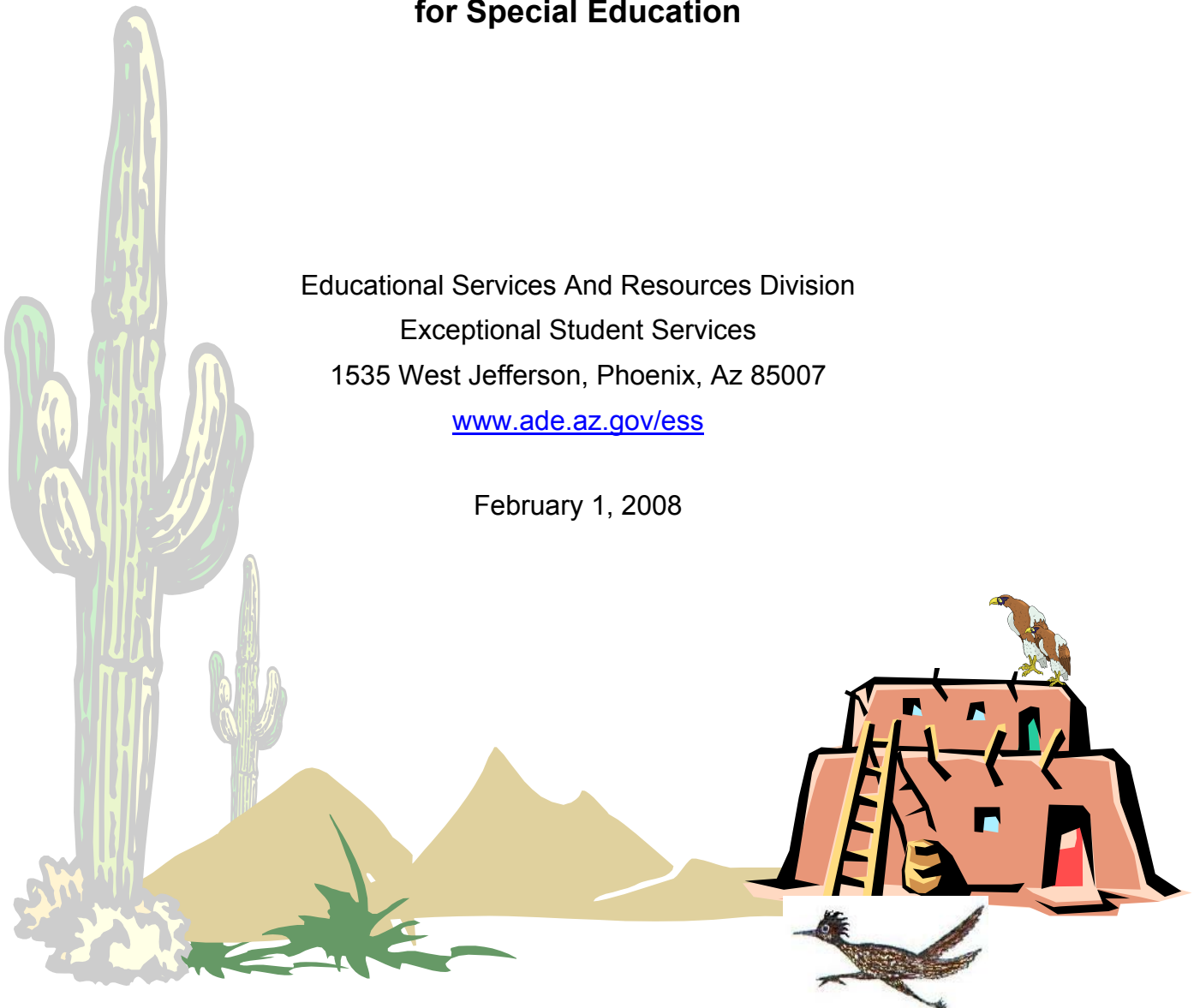
Arizona Department of Education
Tom Horne, Superintendent of Public Instruction

Arizona FFY 2006 Annual Performance Report for Special Education

Educational Services And Resources Division
Exceptional Student Services
1535 West Jefferson, Phoenix, Az 85007

www.ade.az.gov/ess

February 1, 2008



Arizona
FFY 2006 Annual Performance Report
for Special Education

Submitted to the
Office of Special Education Programs
U.S. Department of Education

Educational Services and Resources Division
Exceptional Student Services

www.ade.az.gov/ess

February 1, 2008

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**The Arizona Part B Annual Performance Report
for Special Education
Federal Fiscal Year 2006**

Introduction

The Individuals with Disabilities Education Act (IDEA) of 2004 requires that each State submit an Annual Performance Report that reflects the State's progress toward the goals established in the State Performance Plan submitted to the U.S. Department of Education in December 2005. This document was developed to meet that requirement.

Overview of the Annual Performance Report Development

The Annual Performance Report draft was initially developed by the staff at the Arizona Department of Education/Exceptional Student Services (ADE/ESS). As data became available at the close of the 2006-2007 school year, the ADE/ESS staff reported to the Special Education Advisory Panel (SEAP) on each indicator. In addition, the activities outlined in the State Performance Plan were reviewed and revised in consultation with the SEAP. Special Education Monitoring Alerts were distributed to the field via the ADE/ESS listserv as each data element became available. Data on the FFY 2006 performance of the State and all PEAs on all indicators will be disseminated to the public on the Web site in spring 2008.

Revisions were made to the State Performance Plan and the revised version is available at www.ade.az.gov/ess under the Resources tab.

Monitoring Priority: FAPE in the LRE

Indicator 1: Graduation Rate

Percent of youth with IEPs graduating from high school with a regular diploma compared to percent of all youth in the State graduating with a regular diploma.

(20 U.S.C. 1416(a)(3)(A))

Measurement:

The 4-year cohort methodology includes all students who entered an Arizona high school at any grade over the previous four school years minus any student who dropped out, transferred out, or deceased during that same time period.

Graduation Statistics	
Baseline FFY 2004 (2004-2005)	60.2% of students with disabilities aged 14-21 exited high school with a regular high school diploma
Target FFY 2006 (2006-2007)	62.5% of students with disabilities who exit receive a regular high school diploma
Results FFY 2006 (2006-2007)	60.4% of students with disabilities aged 14-21 exited high school with a regular high school diploma [N = 3,929 / 6,503]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

At the time of submission of the FFY 2004 State Performance Plan, Arizona used a surrogate method of calculation for the graduation rate based on §618 exit data. This method was used pending the availability of sufficient data for use with the preferred 4-year cohort method. In the FFY 2005 SPP, Arizona submitted a revised baseline using the cohort method. In the OSEP FFY 2005 Response Table, the State was directed to “. . . either provide the revised the FFY 2004 baseline data using the revised measurement or maintain the FFY 2004 baseline data using the old measurement.” Given that a 4-year cohort cannot be calculated with less than 4 years of data, Arizona will maintain the original baseline of 60.2%. The State is reporting subsequent years’ results using the cohort method. The variation from the baseline was minimal for both FFY 2005 and FFY 2006.

The special education graduation rate for the class of 2007 did not meet the SPP goal for FFY 2006 and declined slightly from the rate reported in FFY 2005 for the class of 2006. However, the rate remains remarkably stable over time.

Arizona was cited by OSEP for potentially inaccurate data related to the graduation rates because, by statute, PEAs were allowed to amend the data base from which the information was extracted for up to three years. State statute was changed in 2006 to limit the window for change to one year for upward

revisions. This change in statute has made a significant improvement to the stability of the graduation data.

All improvement activities that were scheduled to be conducted during the 2006-2007 school year were completed. The impact of activities designed to improve the graduation rate will emerge over time.

Improvement Activities
<p>3. Continuation of the grade-level instruction and assessment initiative.</p> <p>Status: ADE/ESS continued its on-going efforts to ensure the provision of grade-level instruction to students with disabilities. Efforts included staff development projects through the OUTREACH training by ESS specialists, State Improvement Grant, and special initiatives such as AHAA and SUPPORT Cadre.</p>
<p>4. Implementation of an Assistive Technology initiative.</p> <p>Status: ADE/ESS AT Team conducted AT Overview & Considerations in the IEP workshops in October and November 2006. Statewide support trainings and workshops were conducted summer 2006.</p>
<p>6. Training and implementation for Arizona Textbook Accessibility statute.</p> <p>Status: ADE/ESS AT Team conducted statewide NIMAS Outreach trainings in October and November 2006.</p>
<p>7. Collaboration with Arizona State University (ASU) for Web-based support for students and teachers—Integrated Data to Enhance Arizona’s Learning (IDEAL) portal for K–12 learning.</p> <p>Status: ESS provides support for the IDEAL portal and is developing plans for increasing the use of the portal by teachers serving students with disabilities. The site offers substantial assistance for teachers but is currently underutilized by special educators.</p>
<p>8. Increased training and monitoring for effective transition plans and progress reporting.</p> <p>Status: Arizona’s monitoring system was revised to raise the standard for measurable post-secondary goals and transition services to support those goals. As a result, compliance with transition requirements at the time of on-site monitorings showed a decrease (see Indicator 13). The on-going trainings related to transition will impact compliance and, eventually, graduation rates. The impact of that work will take time to emerge.</p>
<p>14. Coordinate with the SAIS staff to modify the reporting of SWD to eliminate the double reporting requirement for year-end status.</p> <p>Status: The reporting requirements related to students not enrolled in an Arizona PEA make the removal of the double reporting requirement difficult. However, the system has been modified to alert a PEA when the exit/year end status of a student with a disability does not match with the student’s data in the general education exit/year end report.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

No revisions are necessary at this time.

Monitoring Priority: FAPE in the LRE

Indicator 2: Dropout Rate

Percent of youth with IEPs dropping out of high school compared to the percent of all youth in the state dropping out of high school.¹

(20 U.S.C. 1416(a)(3)(A))

Measurement:

An event rate methodology is used to calculate the dropout rate for all students in Arizona. It is a ratio of dropouts to the total enrollment in a particular year.

Dropout Statistics	
Baseline FFY 2004 (2004-2005)	5.44% of students with disabilities who exited dropped out
Target FFY 2006 (2006-2007)	No more than 5.50% of students with disabilities will be deemed to have dropped out
Results FFY 2006 (2006-2007)	4.2% of students with disabilities were deemed to have dropped out of school [N = 2,351 / 55,627]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona exceeded its target for FFY 2006. The dropout rate for students with disabilities mirrors that of the dropout rate for all students in the State.

2006-2007 Dropout Rate of all students	4.2% [N = 21,750 / 518,552]
2006-2007 Dropout Rate of students with disabilities	4.2% [N = 2,351 / 55,627]

Arizona was cited by OSEP for potentially inaccurate data related to the dropout rates because, by statute, PEAs were allowed to amend the data base from which the information was extracted for up to three years. State statute was changed in 2006 to limit the window for change to one year for upward revisions. This change in statute has made a significant improvement to the stability of the dropout data.

All improvement activities that were outlined in the SPP were completed within timelines with the exception of Activity 2.

¹ Arizona will continue to report the comparison data for students with and without disabilities even though the comparison is no longer required by the USDOE.

Improvement Activities
1. See Improvement Activities Report under Indicator 1.
2. Identify agencies with notably high dropout rates for SWD compared to rates for all students and require PEA analysis of causes. Status: This activity is deleted because comparison with rates for all students is no longer required by OSEP. ²
3. Identify agencies with high dropout rates for junior SWD and develop support programs. Status: This activity has been eliminated as the original premise is not supported by longitudinal data. ³
4. Support the development of improvement plans for agencies identified with high dropout rates Status: The State monitoring system has been revised to support the development of improvement plans for PEAs with high dropout rates. In addition, a State dropout prevention grant has funded 39 PEAs with a high number of at-risk students. The grant is designed to improve student performance on the AIMS test, to emphasize workplace standards, and to develop student leadership and civic responsibility.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

Improvement activities #2 and #3 have been deleted. The State Performance Plan has been revised.

² The SPP has been revised to reflect the elimination of this activity.

³ The SPP has been revised to reflect the elimination of this activity.

Monitoring Priority: FAPE in the LRE

Indicator 3: Participation & Performance of Children with Disabilities on Statewide Assessments

- A. Percent of districts that have a disability subgroup that meets the State's minimum "n" size meeting the State's AYP objectives for progress for disability subgroup.
- B. Participation rate for children with IEPs in a regular assessment with no accommodations; regular assessment with accommodations; alternate assessment against grade level standards; alternate assessment against alternate achievement standards.
- C. Proficiency rate for children with IEPs against grade level standards and alternate achievement standards.

(20 U.S.C. 1416(a)(3)(A))

Measurement:

- A. Percent = $\left[\frac{\text{\# of districts meeting the State's AYP objectives for progress for the disability subgroup (children with IEPs)}}{\text{total \# of districts that have a disability subgroup that meets the State's minimum "n" size in the State}} \right] \times 100$.
- B. Participation rate =
 - a. # of children with IEPs in assessed grades;
 - b. # of children with IEPs in regular assessment with no accommodations (percent = $\left[\frac{b}{a} \right] \times 100$);
 - c. # of children with IEPs in regular assessment with accommodations (percent = $\left[\frac{c}{a} \right] \times 100$);
 - d. # of children with IEPs in alternate assessment against grade level achievement standards (percent = $\left[\frac{d}{a} \right] \times 100$); and
 - e. # of children with IEPs in alternate assessment against alternate achievement standards (percent = $\left[\frac{e}{a} \right] \times 100$).

Account for any children included in a but not included in b, c, d, or e above.

Overall Percent = $\left[\frac{b + c + d + e}{a} \right]$.

- C. Proficiency rate =
 - a. # of children with IEPs in assessed grades;
 - b. # of children with IEPs in assessed grades who are proficient or above as measured by the regular assessment with no accommodations (percent = $\left[\frac{b}{a} \right] \times 100$);
 - c. # of children with IEPs in assessed grades who are proficient or above as measured by the regular assessment with accommodations (percent = $\left[\frac{c}{a} \right] \times 100$);
 - d. # of children with IEPs in assessed grades who are proficient or above as measured by the alternate assessment against grade level achievement standards (percent = $\left[\frac{d}{a} \right] \times 100$); and
 - e. # of children with IEPs in assessed grades who are proficient or above as measured against alternate achievement standards (percent = $\left[\frac{e}{a} \right] \times 100$).

Account for any children included in a but not included in b, c, d, or e above.

Overall Percent = $\left[\frac{b + c + d + e}{a} \right]$.

Statewide Assessments Statistics				
Baselines FFY 2004 (2004-2005)				
% of PEAs meeting AYP	Math Participation	Reading Participation	Math Proficiency	Reading Proficiency
22.7%	94.9%	94.5%	25.4%	27.1%
Targets FFY 2006 (2006-2007)				
% of PEAs meeting AYP	Math Participation	Reading Participation	Math Proficiency	Reading Proficiency
Math 19% Reading 16.5% Overall 23.5%	95%	95%	35.0%	40.0%
Results FFY 2006 (2006-2007)				
% of PEAs meeting AYP	Math Participation	Reading Participation	Math Proficiency	Reading Proficiency
Math 29.38% [N = 23 / 77] Reading 22.1% [N = 17 / 77] Overall 18.25% [N = 14 / 77]	97.0% (70,588 / 72,752)	97.0% (70,761 / 72,922)	30.5% (22,178 / 72,752)	29.0% (21,111 / 72,922)

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2006

Arizona met its participation goals for both reading and math. Approximately 3% of students with disabilities were absent during the test windows for reading and math.

The State did not meet its targets for proficiency in reading or math; however, Arizona's targets are the same as for the State's NCLB targets for all students rather than targets specifically selected for students with disabilities. It is unlikely that, as the NCLB targets move toward 100%, children with disabilities will keep pace. The FFY 2006 statewide results show moderate improvement over the FFY 2004 baseline and approximately a 3 percentage point improvement over the FFY 2005 results.

The State did not meet its overall target for the percent of PEAs making AYP for students with disabilities for the same reason it did not meet its proficiency targets. It did meet its targets for the specific curricula areas. Even if the percentage of students with disabilities passing each test increases each year, the rate will not match the rising NCLB targets; therefore, the overall percent of PEAs making AYP will continue to decline.

Figures 1 and 2 indicate the progress of children with disabilities in recent years. Longitudinal data will be reported for grades 3, 5, 8, and HS through FFY 2006 and for all grades tested beginning with FFY 2006.

Figure 1: Math Proficiency by Grade and Year

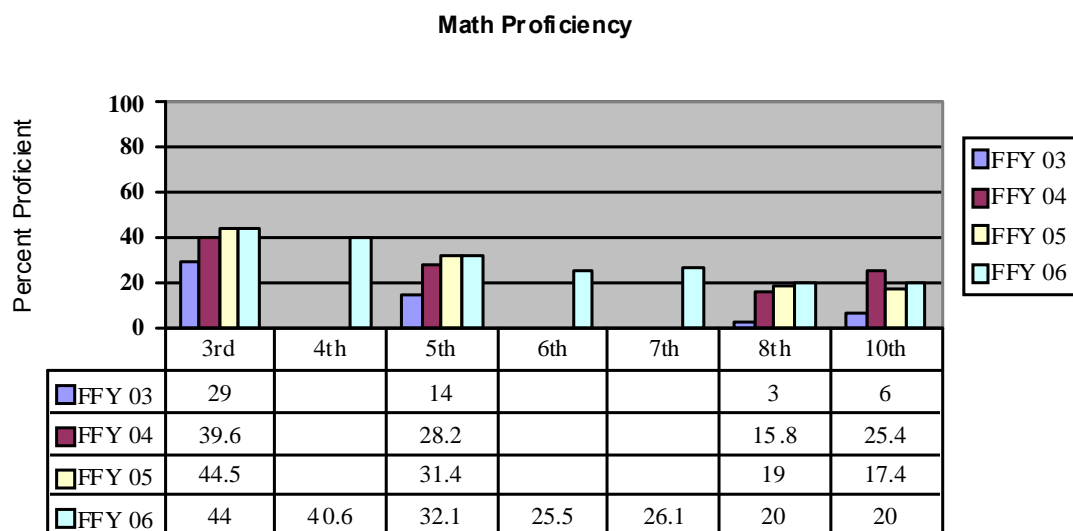
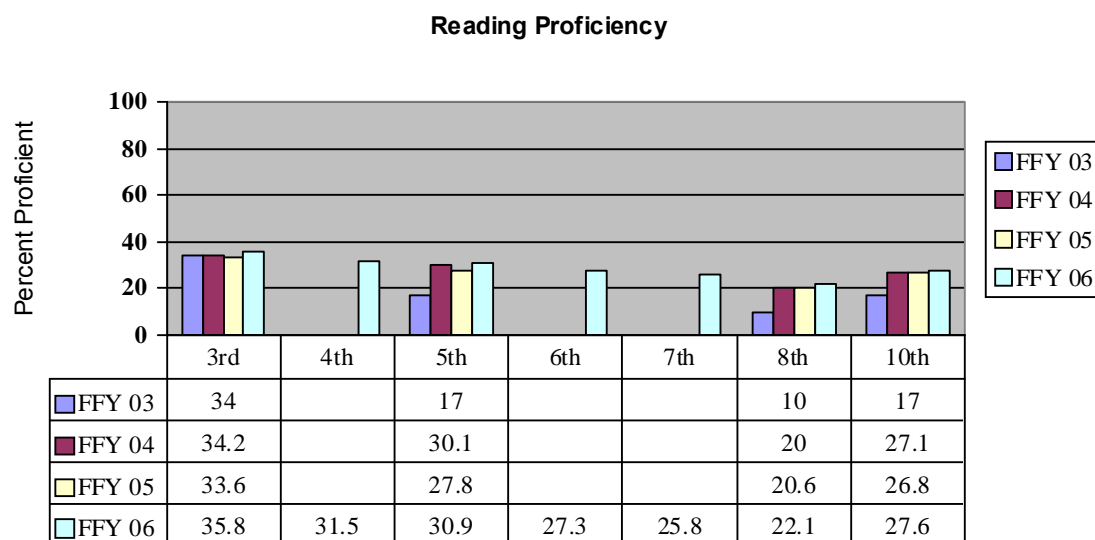


Figure 2: Reading Proficiency by Grade and Year



Additional information regarding the results of statewide assessments is located on the ADE website AIMS Report Wizard at <http://www.ade.az.gov/profile/publicview/>.

Figures 3 and 4 report the participation rates for math and reading by grade in FFY 2006.

Figure 3: Math Participation by Grade and Year

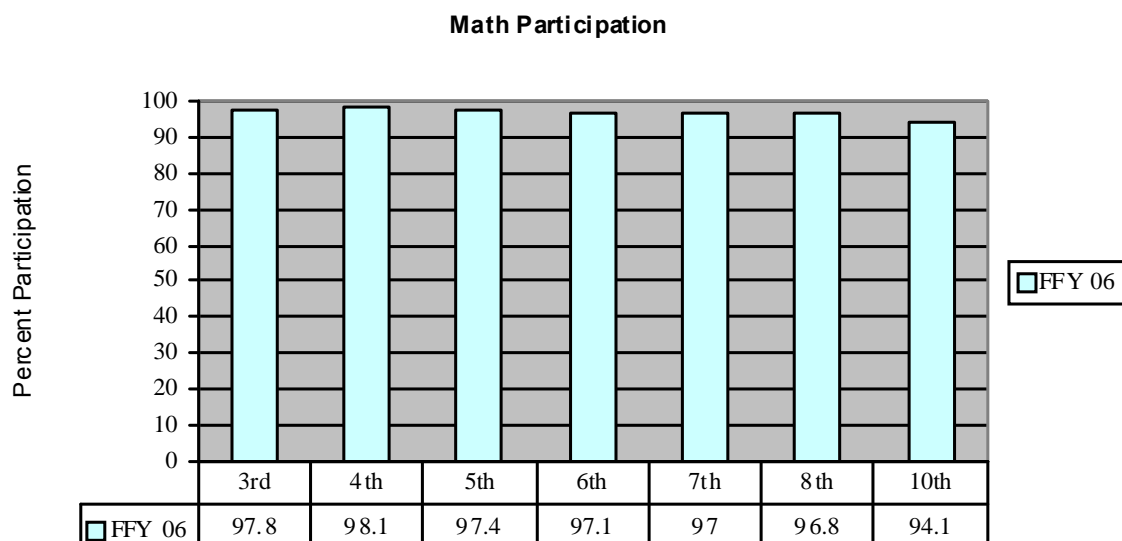
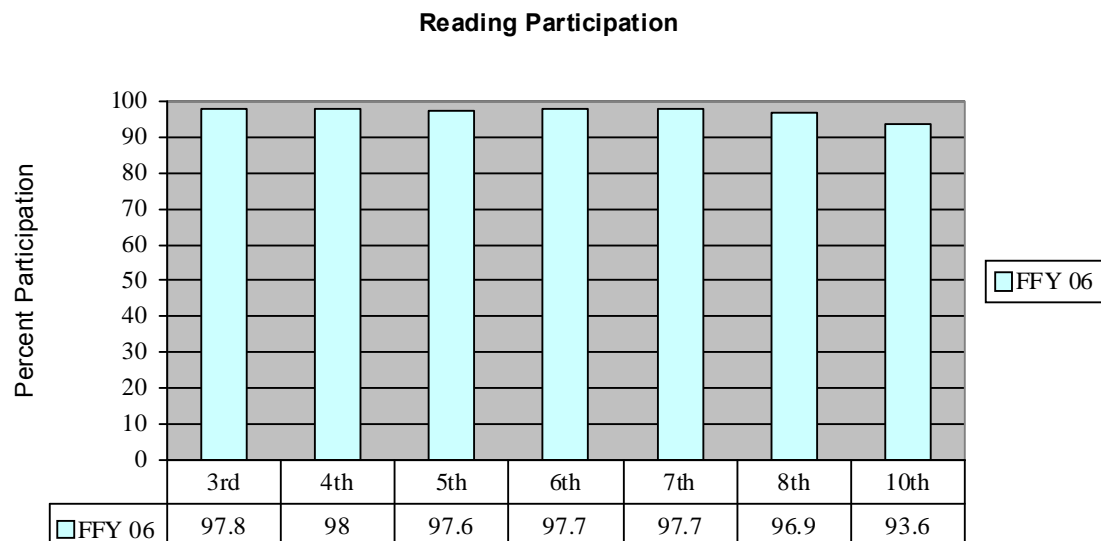


Figure 4: Reading Participation by Grade and Year



All improvement activities that were outlined in the SPP for FFY 2006 were completed within timelines.

Improvement Activities
<p>2. Provide school-wide improvement assistance for agencies under NCLB sanctions.</p> <p>Status: The ADE division responsible for district-wide improvement for agencies under NCLB sanctions has initiated an intervention process that includes special education assistance. The ESS is supporting this work by providing consultant expertise (selected from the ESS SUPPORT Cadre) to the ADE intervention teams. The task force will conduct its first visits to PEAs during the 2007-2008 school year.</p>
<p>3. Revise monitoring procedures to require agencies with below average reading achievement scores for SWD to complete a root cause analysis and improvement plan.</p> <p>Status: Seventeen PEAs that were monitored during the 2006-2007 school year were selected to complete root cause analyses in the area of reading achievement in an effort to determine what steps need to be taken to improve the performance of students with disabilities within their agency. Their plans will be over and above any changes that relate to IDEA compliance and will address curriculum and instruction improvement. It is expected any compliance findings will be corrected within one year of the identification of the noncompliance.</p>
<p>4. Develop and validate the Arizona alternate assessment against grade level standards and curriculum.</p> <p>Status: Arizona has determined that the State will develop an alternate assessment against grade level standards. A variety of approaches are being considered and consultants are assisting the State in making cost-effective and statistically appropriate modifications to the general assessment. Guidelines are being developed to assist IEP teams in making the determination of which assessment is appropriate for which children.</p>
<p>5. Create a Response to Intervention (RTI) specialist position to assist agencies with building capacity for early intervention.</p> <p>Status: A specialist position was established in January 2006 and was filled full-time in June 2006. A second RTI position was established in the Spring 2007 to assist with statewide training and capacity building.</p>
<p>6. Establish a statewide procedure for agencies electing to use RTI as an identification strategy for special education.</p> <p>Status: The RTI manual of procedures was completed and implemented within 48 school teams participating in the pilot project. Approximately 50,000 students are being served in the pilot. The agency continues to work on aligning the RTI procedures used by Reading First schools and the models being proposed for use in the identification of reading disabilities. The SUPPORT Cadre provided six support consultants for RTI schools.</p>
<p>8. Disseminate information about AT and accessible textbooks available for general class use and test participation.</p> <p>Status: ADE/ESS AT Team conducted statewide scheduled 'NIMAS' and 'AT Overview' Outreach trainings in October and November 2006. Additionally, the AT Team provided technical assistance to PEAs during mandated testing.</p>

Improvement Activities
<p>9. Conduct training on modifications/accommodations in grade-level curriculum content area.</p> <p>Status: Opportunities for professional development in the areas of modifications and accommodations for children with disabilities were through the efforts of the State Improvement Grant reading goal, Arizona High Achievement for All, S.E.L.E.C.T. classes, and the SUPPORT Cadre. SUPPORT Cadre provided 25 consultations and has 65 Cadre members with expertise in modifications and accommodations. AZWINS supports the inclusion of students with significant disabilities in less restrictive environments by providing information about appropriate accommodations within the general education classroom.</p>
<p>10. Promote the use of the Web-based AIMS practice/formative assessment to identify areas of student weakness and guide instruction.</p> <p>Status: Substantial revisions to the governance structure for the AIMS formative assessment portal limited the promotion of the Web site during FFY 2006. ESS is working with other units within ADE to ensure enhancements to the system facilitate the use by teachers and students with disabilities and ESS is supporting the necessary improvements.</p>
<p>11. Research service delivery models for ensuring highly qualified teachers for children with disabilities in the areas of math and reading.</p> <p>Status: The agency provided course work to general education teachers working with students with disabilities through S.E.L.E.C.T. classes. Institutes of Higher Education (IHE) are providing coursework that leads to dual certification for elementary and special education teachers so students are content and pedagogy proficient upon graduation. IHEs are implementing content concentration for middle school teachers to ensure graduates meet the NCLB highly qualified requirements. Arizona has developed an AZ Educator Proficiency Assessment in content areas for middle school teachers. Administrators are receiving training on appropriate co-teaching models for high schools.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

An additional improvement activity (#18) was added to the State Performance Plan related to improving math achievement.

Monitoring Priority: FAPE in the LRE

Indicator 4: Rates of Suspension and Expulsion

- A. Percent of districts identified by the State as having a significant discrepancy in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Measurement:

Percent = # of districts identified by the State as having significant discrepancies in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year divided by # of districts in the State times 100.

“Significant discrepancy” is a rate above 5% of the special education population with more than two students suspended.

Suspension and Expulsion Statistics	
Baseline FFY 2004 (2004-2005)	1.64% of PEAs in Arizona had suspension and expulsion rates > 5% of their population of special education students
Target FFY 2006 (2006-2007)	1.55% of PEAs in Arizona with suspension and expulsion rates > 5% of their population of special education students
Results FFY 2006 (2006-2007)	1.87% of PEAs in Arizona had suspension and expulsion rates > 5% of their population of special education students [N = 10 / 534]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

The State did not meet its goal of reducing the percent of PEAs with suspension rates > 5% of their special education population. In FFY 2006, a total of 10 PEAs had rates above 5% and suspended more than two students.

In the Response Table to Arizona’s FFY 2005 APR submission, OSEP directed the State to describe how it reviewed and, if appropriate, required the revision of the policies, procedures, and practices of the identified PEAs. The State recognizes that unusual circumstances occasionally arise within a PEA that cause a single-year increase in disciplinary actions; therefore, Arizona has determined that only PEAs with suspension and expulsion two-year trend rates > 5% will be identified for a review to determine if the agency must revise its policies, procedures, and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure compliance with IDEA requirements.

In the FFY 2005 APR, there were 14 PEAs that had suspension/expulsion rates > 5% of their special education population. Twelve of these LEAs did not meet the 2-year criteria for investigation. These 12 PEAs also had FFY 2006 suspension rates well below the 5% standard with the majority reporting no

suspensions for longer than 10 days. Therefore, these PEAs are determined to have appropriate policies, procedures, and practices related to suspension and expulsion.

Two of the LEAs did meet the 2-year criteria (2004-2005 and 2005-2006) and were subjected to an investigation of their policies, procedures, and practices. In this report, they will be referred to as *Agency A* and *Agency B*.

Agency A was monitored by the ADE/ESS during the 2006-2007 school year. Because of their excessive suspension rate from the prior two years, specific attention during the monitoring was paid to procedural issues related to disciplinary actions.

- The PEA was determined to be in compliance with the components of the IEP that have specific relevance to discipline, including the consideration of strategies and support to address behavior and the IEP meeting the individual student's needs;
- The PEA was found in compliance on the entire procedural safeguard requirements of the IDEA related to discipline including functional behavioral assessment, behavior intervention planning, and the provision of FAPE for students suspended for more than 10 days.

A review of the 2006-2007 school year data for this PEA indicates that they only suspended one student for more than 10 school days. Therefore, this PEA no longer meets the State's definition of significantly discrepant as it relates to suspension/expulsion and has appropriate policies, procedures, and practices.

Agency B was monitored by the ADE/ESS during the 2006-2007 school year. Because of their excessive suspension rate from the prior two years, specific attention during the monitoring was paid to procedural issues related to disciplinary actions.

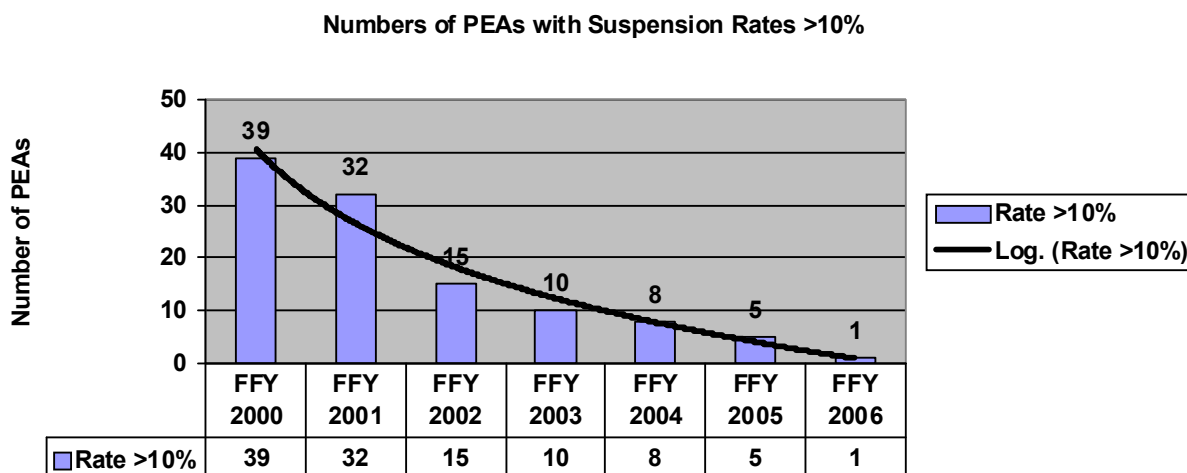
- The PEA was determined to be in partial compliance with the components of the IEP that have specific relevance to discipline, including the consideration of strategies and support to address behavior and the IEP meeting the individual student's needs. The PEA was required to reconvene IEP teams and correct the deficiencies. The PEA completed this requirement; therefore, corrected all noncompliance.
- The PEA was found in partial compliance on several of the procedural safeguard requirements of the IDEA related to discipline including functional behavioral assessment, behavior intervention planning, and the provision of FAPE for students suspended for more than 10 days. The PEA was required to correct the deficiencies. The PEA completed these requirements; therefore, corrected all noncompliance.

A review of the 2006-2007 school year data of the 10 PEAs with suspension/expulsion rates > 5% indicates that *Agency B* (above) is the only PEA that meets the 2-year standard. *Agency B's* suspension rate for FFY 2006 was 7.4% of their special education students. While this represents a substantial improvement over the two prior school years, the PEA continues to require the assistance of the ADE/ESS to reduce its rate below the State-identified target even though its policies, procedures, and practices now comply with the federal and State requirements. The PEA is currently engaged in a root cause analysis of the issues that impact their suspension rate. It is expected that this analysis will lead to qualitative changes unrelated to compliance and to a reduced suspension rate.

The balance of the PEAs that exceeded the 5% standard set by the State during FFY 2006 will be monitored in FFY 2007 to determine if their suspension rate continues to exceed the State expectation for a second year. If this is the case, the policies, procedures, and practices will be investigated by the ESS staff and corrective action will be required if noncompliance is identified.

Arizona is pleased with the response that PEAs have shown to the State initiatives to reduce the long-term suspension or expulsion of students with disabilities. Figure 3 reflects the advances that have been made in the State since FFY 2000 when the standard for concern was set at > 10% of the special education population.

Figure 5: Suspension Rate Decline over Time



All improvement activities that were outlined in the SPP were completed within timelines.

Improvement Activities	
1. Identify agencies with suspension rates of SWD > 5% and require these agencies to analyze data reporting procedures and comparison rates with nondisabled students and to identify proactive initiatives to reduce suspension rates.	<p>Status: The revised monitoring system was fully operational during FFY 2006. The monitorings of all PEAs with suspension/expulsion rates > 5% of their special education population had a special emphasis on the compliance elements related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. In addition, the PEAs with the most significant suspension/expulsion rates were required to initiate a root cause analysis to assist them in identifying issues impacting suspension but unrelated to compliance. It is expected all findings of noncompliance will be corrected within one year of the notification of findings to the PEAs.</p>
2. Increase Arizona Positive Behavior Support Initiative (APBSI) participation among schools in Arizona.	<p>Status: Fourteen new PEAs have joined the APBSI project during FFY 2006. Support was provided to APBSI schools through the SUPPORT Cadre and the AHAA project.</p>
3. Refer PEAs with high suspension rates for SWD to the technical assistance opportunities sponsored by ESS and School Safety and Prevention.	<p>Status: ESS specialists provide PEAs with high suspension rates with information regarding the APBSI project and assistance from the SUPPORT Cadre. PEAs with elevated rates receive weighted scoring for competitive grants for APBSI.</p>

Improvement Activities
<p>4. Collaborate with the leadership of the School Safety and Prevention Division (SSPD) to expand the data analysis capabilities of the APBSI to schools beyond those currently enrolled.</p> <p>Status: The joint effort of the School Safety and Prevention Division and the Exceptional Student Services Division to build an EDEN-compatible web reporting system is currently in development and being prepared for beta testing. The project, now known as the Arizona Safety Accountability for Education (AzSAFE) has 21 schools enrolled in the pilot project.</p>
<p>5. Approach the Arizona School Boards Association (ASBA) and Arizona School Administrators Association to collaborate on the training of school administrators on IDEA requirements.</p> <p>Status: ESS has collaborated with the ASBA in the development of PEA policies and procedures related to the discipline of students with disabilities. As most of the districts and a number of charter schools use ASBA in the development of their special education policies and in the training of their administrators, this collaboration provides maximum dissemination of appropriate information.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

Activity 8 in the State Performance Plan has been revised to read “Promote the review of IEPs for functional behavioral assessments and behavior intervention plans beginning with any suspension that brings a student’s total days to five or more in a school year.” This change recognizes the difficulty of requiring the review without statutory or regulatory support.

Monitoring Priority: FAPE in the LRE

Indicator 5: School-Aged Placements

Percent of children with IEPs aged 6 through 21:

- A. Removed from regular class less than 21% of the day;
- B. Removed from regular class greater than 60% of the day; or
- C. Served in public or private separate schools, residential placements, or homebound or hospital placements.

(20 U.S.C. 1416(a)(3)(A))

Measurement:

- A. Percent = # of children with IEPs removed from regular class less than 21% of the day divided by the total # of students aged 6 through 21 with IEPs times 100.
- B. Percent = # of children with IEPs removed from regular class greater than 60% of the day divided by the total # of students aged 6 through 21 with IEPs times 100.
- C. Percent = # of children with IEPs served in public or private separate schools, residential placements, or homebound or hospital placements divided by the total # of students aged 6 through 21 with IEPs times 100.

	Measurement A <21%	Measurement B >60%	Measurement C Separate
Baseline FFY 2004 (2004-2005)	48.0%	17.8%	2.7%
Target FFY 2006 (2006-2007)	50%	16.5%	2.5%
Results FFY 2006 (2006-2007)	52.3% [N = 59,418 / 112,713]	16.2% [N = 18,344 / 112,713]	2.7% [N = 3,044 / 112,713]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona met or exceeded its FFY 2006 targets for this indicator on two of the three measures and completed all improvement activities on or ahead of schedule. The percent of students in the highly restrictive settings included in Measurement C is very steady in the State and represents a small population with extensive needs and appropriate placements.

Improvement Activities
<p>1. Initiate Autism Training Project.</p> <p>Status: The State has implemented a personnel preparation program for teachers of children with autism. The program consists of a three-year curriculum with a new cohort starting each year. Three cohorts are now engaged in the project. The curriculum was developed jointly with the universities in Arizona and is presented over six in-service days and a summer summit. The program was supported with efforts provided by the SUPPORT Cadre and AZWINS.</p>
<p>4. Revise ADE census reporting to reflect differences between voucher placements unrelated to FAPE and those necessary for FAPE.</p> <p>Status: The service codes within SAIS were revised during FFY 2006 to allow separation of placements in residential treatment facilities to ensure FAPE or to ensure care, safety, and treatment. The new system will be operational for the FFY 2007 year.</p>
<p>5. Identify agencies with excessive numbers of restrictive placements and require analysis of causes and improvement planning.</p> <p>Status: See Activities 6 and 7.</p>
<p>6. Incorporate assistive technology (AT) into the appropriate root cause analyses for monitoring.</p> <p>Status: For the 2007-2008 school year, a description of staff training related to assistive technology was added to the root cause analysis that is required for the PEAs with the most significant variance for LRE.</p>
<p>7. Revise the monitoring system to require agencies with high numbers of restrictive placements to investigate placement procedures and additional options.</p> <p>Status: The ESS monitoring system was completely revamped for SY 2006-2007. The new system uses individual PEA data on the SPP/APR Performance Indicators to identify some of the compliance elements to be addressed during a specific monitoring. In addition, for selected indicators, a root cause analysis that extends beyond compliance is incorporated into the corrective action plan for the monitoring. (See Indicator 15 for additional information on the revised monitoring system.)</p> <p>Seven PEAs were identified as needing to address items related to self-contained placements for school-aged children. Root cause analyses were required of the five PEAs with the most significant variance for LRE. These analyses are in process during FFY 2007.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

No revisions are necessary.

Monitoring Priority: FAPE in the LRE

Indicator 6: Preschool Placements

Percent of preschool children with IEPs who received special education and related services in settings with typically developing peers (e.g., early childhood settings, home, and part-time early childhood/part-time early childhood special education settings).

(20 U.S.C. 1416(a)(3)(A))

This indicator has been suspended for the FFY 2006 reporting year by the U.S. Department of Education.

Monitoring Priority: FAPE in the LRE

Indicator 7: Preschool Outcomes

Percent of preschool children with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

Information regarding this indicator is reported in the State Performance Plan—Revised.

Monitoring Priority: FAPE in the LRE

Indicator 8: Parent Involvement

Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

Measurement:

Percent = # of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities divided by the total # of respondent parents of children with disabilities times 100.

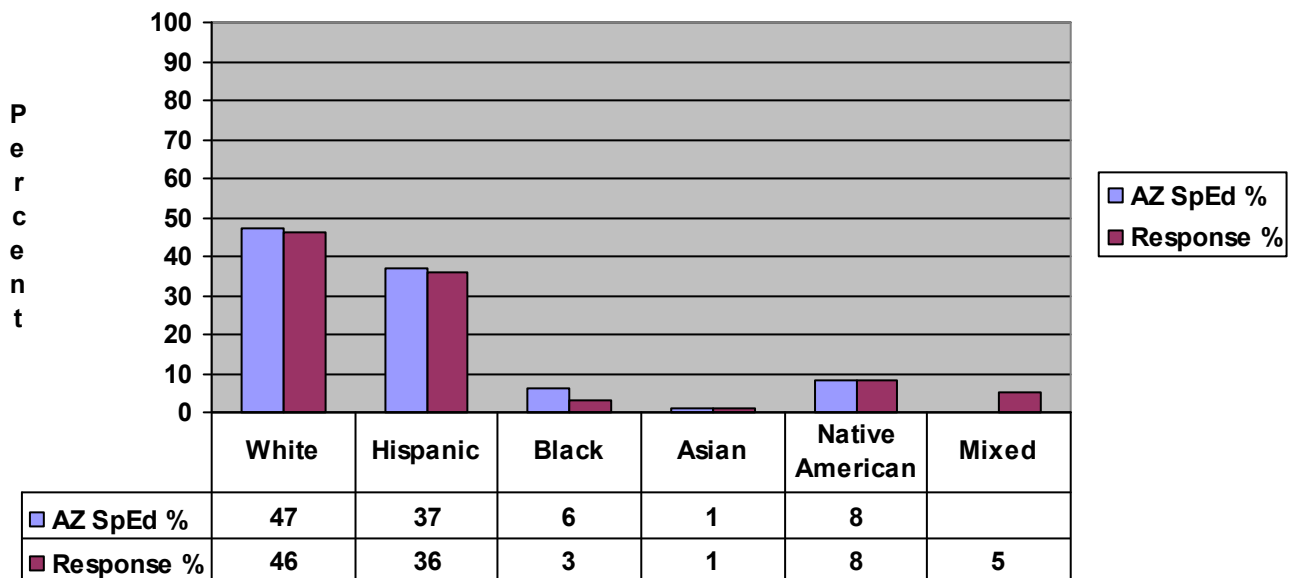
Parent Participation Statistics	
Baseline FFY 2005 (2005-2006)	44.9% of Arizona's parents of students with disabilities reported that schools facilitated parent involvement as a means of improving services and results for children with disabilities
Target FFY 2006 (2006-2007)	45.0% of parents report schools facilitated parent involvement as a means of improving services and results for children with disabilities
Results FFY 2006 (2006-2007)	48.2% of Arizona's parents of students with disabilities reported that schools facilitated parent involvement as a means of improving services and results for children with disabilities [N = 2,670 / 5,545]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona's efforts this year focused around improving the general response rates within PEAs to ensure valid, reliable, and representative data with respect to parent participation.

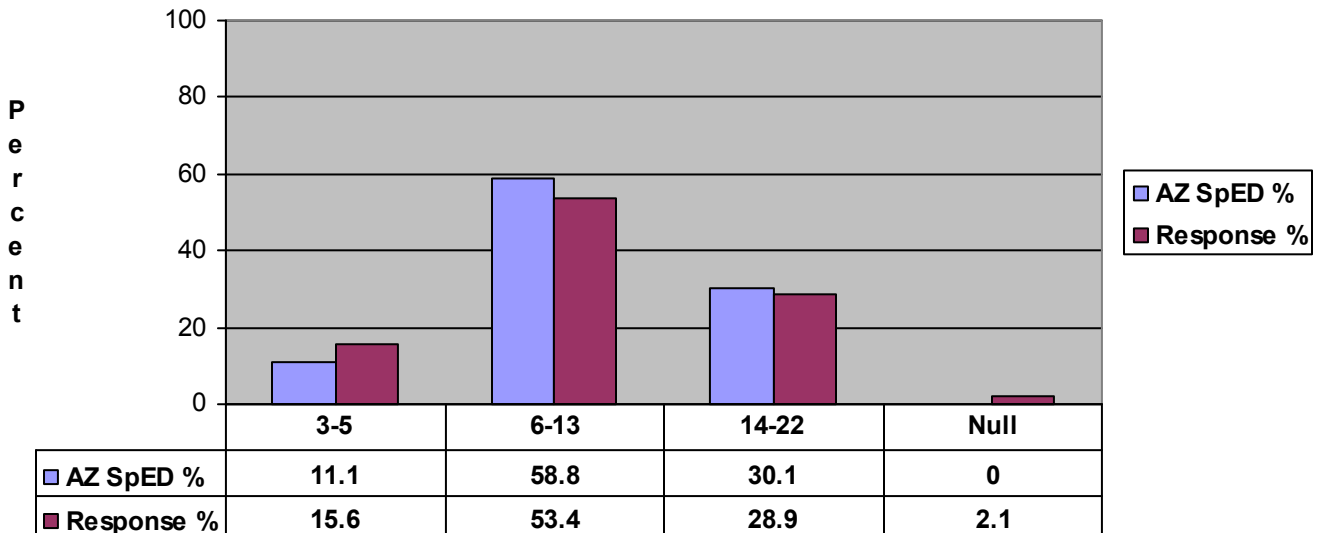
Race/Ethnicity: Figure 6 reports the two-year response rate by race/ethnicity (FFY 2005 and 2006 combined). With the exception of responses from parents who listed their race/ethnicity as Black, the alignment with the ethnicity of children in special education in Arizona was remarkable. The percent of Black parents will be monitored over time to determine if additional efforts are required to balance their response rate.

Figure 6: Comparison of Parent Response by Ethnicity to State SPED Population



Age of student: The response rate of parents by their child's age group (preschool, elementary, high school) shows mild variation from the State-level age ranges. Figure 7 displays the results for FFY 2005 and 2006 combined.

Figure 7: Comparison of Parent Response by Child Age to State SPED Population



In summary, Arizona's parent participation data for the first two cohorts of the Web survey demonstrate that the original baseline and the subsequent year's results yield information that is reasonably representative of the special education population in the State.

All improvement activities that were outlined in the SPP were completed within timelines.

Improvement Activities	
6. Report to the public.	Status: The PEA-level results were posted on the ADE/ESS Web site in March 2007.
7. Conduct survey with PEAs in year two of the ESS monitoring cycle.	Status: PEAs in year two of the ESS monitoring cycle were provided parent access codes in the fall of 2006.
8. Review and revise baseline data, targets, and improvement activities based on full implementation of the parent involvement survey.	Status: The results from the two-year cumulative were reviewed and no adjustments to the baseline, targets, or improvement activities are necessary.
9. Incorporate a Parent Participation cluster into the ESS monitoring system, including compliance items and a root cause analysis for PEAs with below average parent ratings or poor response rates.	Status: The ADE/ESS monitoring system was amended to include a Parent Participation cluster and the elements of each PEA's monitoring for the 2007-2008 school year were adjusted to take into consideration below average parent ratings or poor response rates.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

One improvement activity was added to the SPP—Revised.

Monitoring Priority: Disproportionality

Indicator 9: Racial / Ethnic Disproportionality

Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Measurement:

Percent = # of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification divided by # of districts in the State times 100.

Racial / Ethnic Disproportionality Statistics	
Baseline FFY 2006 (2006-2007) Revised	1% of PEAs have disproportionate representation of racial and ethnic groups that is the result of inappropriate identification ⁴
Target FFY 2006 (2006-2007)	0% of Arizona's PEAs with disproportionate representation of racial and ethnic groups that is the result of inappropriate identification
Results FFY 2006 (2006-2007)	1% of PEAs have disproportionate representation of racial and ethnic groups that is the result of inappropriate identification [N = 7 / 534]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona did not meet its target for FFY 2006 as the State continued to have some PEAs with disproportionate representation concomitant with inappropriate policies, procedures or practices. IDEA-compliant policies and procedures are required prior to eligibility for Part B funding, thus the ADE/ESS investigation regarding disproportionate representation focused on PEA practices.

In response to OSEP requirements, the ADE/ESS made significant modifications to the method of determination for this indicator and to Indicator 10. The changes are reported in depth in the revised State Performance Plan submitted with this report. The revised standard for disproportionate over representation is a two-year trend of a Weighted Risk Ratio (WRR) of 3.0 or greater. The standard for disproportionate under representation is a two-year trend of a WRR of less than .33. As directed by OSEP, ADE/ESS considered all public education agencies in the state for the analysis.

The following two tables detail the statistical disproportionate representation identified through the newly established procedures (Table 1) and the status of each identified PEA with respect to inappropriate practices (Table 2).

⁴ Revised baseline as reported in the State Performance Plan submitted February 1, 2008.

Table 1: Number of PEAs with Disproportionate Representation by Race / Ethnicity FFY 2006

WRR standard	American Indian	Asian	Black	Hispanic	White
≥ 3.0	1	0	3	1	4
<i>Additional over representation within above PEAs</i>				3	1
$< .33$	1	0	0	2	1
<i>Additional under representation within above PEAs</i>					

Table 2: Status of PEAs with Disproportionate Representation by Race / Ethnicity FFY 2006⁵

WRR standard	American Indian	Asian	Black	Hispanic	White
≥ 3.0	1 PEA: Disproportionate representation not a result of inappropriate practices		2 PEAs: Disproportionate representation not a result of inappropriate practices 1 PEA: Noncompliance practices corrected within one year	1 PEA: Noncompliance practices corrected within one year	1 PEA: Disproportionate representation not a result of inappropriate practices 2 PEAs: Noncompliance practices corrected within one year 1 PEA: On-site investigation scheduled for FFY 2007
$< .33$	1 PEA: Noncompliance practices corrected within one year			1 PEA: Disproportionate representation not a result of inappropriate practices 1 PEA: Noncompliance practices corrected within one year	1 PEA: Disproportionate representation not a result of inappropriate practices

In summary, the status of the 13 PEAs represented in Table 2 is:

- In 6 PEAs, the disproportionate representation was not a result of inappropriate policies, procedures, or practices. These PEAs are not included in the numerator for this indicator.
- In 6 PEAs, disproportionate representation and inappropriate practices coexisted; however, the PEA corrected the inappropriate practices within one year of identification of the practices. Therefore, any disproportionate representation that now exists is not considered to be a result of inappropriate practices.
- In 1 PEA, the investigation of policies, procedures, and practices will take place during the 2007-2008 school year and the status will be reported in the FFY 2007 APR.

It is of interest to the ADE/ESS that nine of the PEAs noted above met the State-established statistical criteria for disproportionate representation for the first time. Because of the high mobility rate between schools in Arizona, it is anticipated that the statistics for several schools will self-correct in FFY 2007.

⁵ Bolded information is included in the numerator for the calculation of the results.

All improvement activities that were outlined in the SPP were completed within timelines with the exception of Activity #7 and Activity #9.

Improvement Activities
<p>5. Require agencies that are in Year 4 of the ESS monitoring cycle and have 3 or more points to complete a disproportionate representation analysis tool and submit it to the ESS.</p> <p>Status: The PEAs monitored in FFY 2006 that had 3 or more points on the disproportionate representation analysis tool were required to incorporate an investigation of the root causes of disproportionate representation in addition to the compliance items associated with disproportionate representation.</p>
<p>6. Identify agencies with the highest risk factors for inappropriate identification practices and advise them of their status.</p> <p>Status: All PEAs were alerted to their disproportionate representation status through an email, the State's Web site, and public reporting.</p>
<p>7. Identify any agency that, following an on-site review and submission of the analysis, is determined to meet the definition of "disproportionate representation that is a result of inappropriate identification."</p> <p>Status: This activity became redundant following receipt of the OSEP response table that outlined for the ADE/ESS the deficiencies in the FFY 2005 State Performance Plan for Indicator 9 and the subsequent modification to the Arizona procedures for the identification of suspect agencies (see revisions to the State Performance Plan—Revised).</p>
<p>8. Establish a statewide Response to Intervention (RTI) system to facilitate effective pre-referral interventions.</p> <p>Status: Twenty teams completed RTI training in the first cohort with a goal of reducing special education referrals through the use of the RTI process. Most of the teams did reduce the number of referrals with consideration of disproportionate representation when reviewing the impact data from RTI teams.</p>
<p>9. Require identified agencies to budget 15% of their IDEA grant for early intervening services for disproportionate groups.</p> <p>Status: This activity has been deleted from the Improvement Activities for the SPP/APR as OSEP has clarified the differences between the statutory requirement for the 15% and the SPP/APR requirements. ADE/ESS will comply with the diversion requirement through the Grants Management Unit rather than within its SPP/APR reporting.</p>
<p>10. Provide "enhancement" points to agencies with disproportionate representation in the application process for RTI participation.</p> <p>Status: Applications for RTI training required documentation of the percentage of special education students; however, it was determined that RTI grants would be awarded to any PEA with the interest and appropriate team participation. Thus, enhancement points were not necessary as all PEAs that applied receive the grant.</p>
<p>11. Build support for addressing disproportionate representation into the State's application for the continuation of the State Improvement Grant.</p>

Improvement Activities
Status: RTI services sixty districts with 125 buildings and approximately 75,000 students. “How to Create a Culturally Responsive RTI Process” was added to the training session in September and was presented by NCCREST.
<p>12. Revise standards for determining disproportionate representation, including revised baselines for FFY 2005.⁶</p> <p>Status: The data for FFY 2005 have been re-analyzed with the revised standards outlined in the State Performance Plan—Revised submitted with this report. Amended baselines have been established.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

In response to the OSEP requirements, revisions to the procedures for the identification of PEAs with disproportionate representation that is a result of inappropriate practices have been made and are reported in detail in the SPP — Revised. A new baseline has been established and serves as the foundation for this report. One additional improvement activity also has been added. Two activities have been eliminated in response to OSEP clarification of federal requirements.

⁶ Activity 12 added in FFY 2006.

Monitoring Priority: Disproportionality

Indicator 10: Racial / Ethnic Disproportionality by Disability

Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Measurement:

Percent = # of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification divided by # of districts in the State times 100.

Racial / Ethnic Disproportionality Statistics	
Baseline FFY 2006 (2006-2007) Revised	6% of PEAs have disproportionate representation of racial and ethnic groups by disability that is the result of inappropriate identification
Target FFY 2006 (2006-2007)	0% of Arizona's PEAs have disproportionate representation of racial and ethnic groups by disability that is the result of inappropriate identification
Results FFY 2006 (2006-2007)	7.1% of PEAs have disproportionate representation of racial and ethnic groups by disability that is the result of inappropriate identification [N = 38 / 534]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred in FFY 2006

Arizona did not meet its target for FFY 2006 as the State continued to have some PEAs with disproportionate representation and inappropriate practices. The State significantly revised its procedures for the identification of the PEAs and the new procedures are reported in detail in the SPP — Revised submitted concurrently with this report. The revised standard for disproportionate over representation is a Weighted Risk Ratio (WRR) of 3.0 or greater for two consecutive years. The standard for disproportionate under representation is a WRR of less than .33 for two consecutive years.

The following two tables detail the statistical disproportionate representation identified through the newly established procedures (Table 3) and the status of each identified PEA with respect to inappropriate practices (Table 4).

Table 3: Number of PEAs with Disproportionate Representation by Race / Disability FFY 2006

WRR standard	American Indian	Asian	Black	Hispanic	White
≥ 3.0	5 SLD 2 MR		1 SLD 3 MR	1 SLI 6 SLD	4 SLI 1 SLD 1 MR 9 OHI 14 ED 13 A
<i>Additional over representation within above PEAs</i>			1 MR	1 SLD 1 MR	9 ED 6 A
$< .33$				8 OHI 5 ED 1 A	
<i>Additional under representation within above PEAs</i>				7 ED 1 A	1 SLI

Table 4: Status of PEAs with Disproportionate Representation by Race / Disability FFY 2006⁷

WRR standard	American Indian	Asian	Black	Hispanic	White
≥ 3.0	4 PEAs: Disproportionate representation not a result of inappropriate practices 2 PEAs: Noncompliance practices corrected within one year 1 PEA: On-site investigation scheduled for FFY 2007		3 PEAs: Disproportionate representation not a result of inappropriate practices 1 PEA: On-site investigation scheduled for FFY 2007	2 PEAs: Disproportionate representation not a result of inappropriate practices 3 PEAs: Noncompliance practices corrected within one year 2 PEAs: On-site investigation scheduled for FFY 2007	24 PEAs: Disproportionate representation not a result of inappropriate practices 2 PEAs: Noncompliance practices corrected within one year 16 PEAs: On-site investigation scheduled for FFY 2007
$< .33$				3 PEAs: Disproportionate representation not a result of inappropriate practices 2 PEAs: Noncompliance practices corrected within one year 3 PEAs: One year timeline for correction not yet reached 6 PEAs: On-site investigation scheduled for FFY 2007	

⁷ Bolded information is included in the numerator for the calculation of the results.

In summary, the status of the PEAs represented in Table 4 is:

- In 36 PEAs, the disproportionate representation was not a result of inappropriate policies, procedures, or practices. These PEAs are not included in the numerator for this indicator.
- In 9 PEAs, disproportionate representation and inappropriate practices coexisted; however, the PEA corrected the inappropriate practices within one year of identification of the practices. Therefore, any disproportionate representation that now exists is not considered to be a result of inappropriate practices.
- In 3 PEAs, disproportionate representation and inappropriate practices coexisted and the PEAs are in the process of correcting their practices but the one-year deadline for correction has not yet been reached. The ADE/ESS will report on the status of these PEAs in the FFY 2007 APR.
- In 26 PEAs, the investigation of policies, procedures, and practices will take place during the 2007-2008 school year and the status will be reported in the FFY 2007 APR.

All improvement activities that were outlined in the SPP were completed within timelines with the exception of the two activities noted in Indicator 9.

Improvement Activities
1. See activities and status report outline for Indicator 9.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

In response to OSEP requirements, revisions to the procedures for the identification of PEAs with disproportionate representation that is a result of inappropriate practices have been made and are reported in detail in the SPP — Revised. A new baseline has been established and serves as the foundation for this report. One additional improvement activity has also been added. Two activities have been eliminated in response to OSEP clarification of federal requirements.

Monitoring Priority: Effective General Supervision Part B / Child Find

Indicator 11: Evaluation Timelines

Percent of children with parental consent to evaluate who were evaluated within 60 days (or State-established timeline).

(20 U.S.C. 1416(a)(3)(B))

Measurement:

- # of children for whom parental consent to evaluate was received.
- # determined not eligible whose evaluations were completed within 60 days (or State-established timeline).
- # determined eligible whose evaluations were completed within 60 days (or State-established timeline).

Account for children included in a, but not included in b or c. Indicate the range of days beyond the timeline and any reasons for the delays.

Percent = $b + c$ divided by a times 100.

Evaluation Timeline Statistics	
Baseline FFY 2005 (2005-2006)	86% of children with parental consent to evaluate were evaluated within 60 days (or the State's established timeline)
Target FFY 2006 (2006-2007)	100% of children with parental consent to evaluate were evaluated within 60 days (or the State's established timeline)
Results FFY 2006 (2006-2007)	84% of children with parental consent to evaluate were evaluated within 60 days (or the State's established timeline) [N = 657 / 784]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Beginning with the 2006-2007 school year, the file selection for all monitorings included a representative sample of students for whom parental consent to evaluate was obtained but who were determined not to be eligible for special education. Therefore, the data reported above include both students who were determined to be eligible for special education and students who were not.

Arizona did not meet the target of 100% of initial evaluations completed within 60 days of the parents' consent. In fact, there was slight slippage from the baseline. The ESS monitoring system was modified for FFY 2005 to include a root cause analysis when a PEA did not meet the 100% compliance status. In addition, the monitoring system now requires that 100% compliance on this requirement be demonstrated

either through extensive file sampling or data base analysis prior to an ESS determination that the finding has been corrected. File sampling and/or data base analysis is conducted through a site visit by an ESS specialist.

Each PEA with a finding of noncompliance following a FFY 2006 monitoring was required to report to the ADE/ESS the number of days beyond 60 (or a valid extension) for the files that generated the finding and the reasons for the delays.

- The range of days beyond the timeline reported by the PEAs was 1-223.⁸ The mean for the delays is 33 days. The mode is 1 and the median is 12.
- The reported reasons for the delays were, in order of frequency:
 - Interruptions in the school calendar (29%);
 - Shortage of evaluation staff (23%);
 - Delays in parent response or availability (19%);
 - Other (10%);
 - Lack of an adequate timeline tracking system (8%);
 - Unavailability of the student (6%);
 - Lack of vision/hearing screening resources (5%).

A total of 34 findings of noncompliance emerged from the FFY 2005 monitoring year. Corrective action was ordered in all cases. The table below indicates the status of all findings for FFY 2005 as of 6/30/07.

Table 5: Correction of 60-Day Timeline Noncompliance from Prior Years

FFY	Total # of findings	% Correction of noncompliance < 1 year	Correction of noncompliance > 1 year but before 6/30/07	Uncorrected noncompliance as of 6/30/07
2005	34	88% (30/34)	97% (33/34)	3% (1/34)

The enforcement actions undertaken by the ADE/ESS for the four PEAs that were unable to demonstrate compliance within one year are as follows:

- Notice of interruption of payments pending compliance – 2 PEAs were able to demonstrate compliance within 30 days;
- Notice of permanent withholding or selection of a special monitor at PEA expense – 1 PEA was able to demonstrate compliance within 30 days;
- The single PEA that was not able to demonstrate correction of the finding by 6/30/07 had their IDEA payments interrupted and was required to employ a special monitor with local funds. The PEA has made good progress and the special monitor is waiting for a sufficient number of initial evaluations to take place this next school year before determining if the PEA has instituted procedures that result in the correction of the conditions that led to the finding. The final disposition of this finding will be reported in the FFY 2007 APR.

During FFY 2006, there were 36 PEAs with findings of noncompliance. These agencies are revising their policies, procedures, and practices and it is anticipated that compliance will be documented within one year of each PEA's notification of noncompliance. The ADE/ESS will report on the status of these PEAs with the FFY 2007 APR.

All improvement activities that were outlined in the SPP were completed within timelines.

⁸ The circumstances in the delay of 223 days involved a parent who signed consent immediately prior to a legal battle to determine parent status. The PEA waited to proceed until the legal issues were resolved.

Improvement Activities
<p>1. Amend monitoring procedures to consider 60-day timelines for initial evaluations only.</p> <p>Status: The monitoring system was amended for the 2005-2006 school year to include only initial evaluations in the 60-day timeline requirement.</p>
<p>2. Enhance corrective action plan development to require a review of student files for the reasons the 60-day requirements were not met and the implementation of actions to overcome the identified reasons.</p> <p>Status: The monitoring system was amended for the 2006-2007 school year to include a root cause analysis related to a failure to meet the 60-day timeline requirement. Prior to determining that a PEA has met the compliance requirements, the PEA must complete the analysis and demonstrate 100% compliance with the timeline.</p>
<p>3. Amend monitoring system to include the review of files of students who were found not eligible for special education.</p> <p>Status: The monitoring system was amended for the 2006-2007 school year to include in the file sample the files of students who were evaluated but found to be not eligible for special education. The timeline from consent to the determination of non-eligibility is now included in the Arizona data set.</p>
<p>4. Enhance the system for utilizing peers in program organization, review, and technical assistance (SUPPORT) Cadre membership to assist schools in evaluation procedures related to timelines.</p> <p>Status: Evaluation procedures related to timelines was supported with the 78 consultants with expertise in assistive technology and evaluation procedures.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

No revisions are necessary.

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Indicator 12: Preschool Transition

Percent of children referred by Part C prior to age 3 who are found eligible for Part B and who have an IEP developed and implemented by their third birthday.

(20 U.S.C. 1416(a)(3)(B))

Measurement:

- # of children who have been served in Part C and referred to Part B for eligibility determination.
- # of those referred determined to be NOT eligible and whose eligibilities were determined prior to their third birthdays.
- # of those found eligible who have an IEP developed and implemented by their third birthdays.
- # of children for whom parent refusal to provide consent caused delays in evaluation or initial services.

Account for children included in a but not included in b, c, or d. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed and the reasons for the delays.

Percent = [(c) divided by (a – b – d)] times 100.

Preschool Transition Statistics	
Baseline FFY 2004 (2004-2005)	83% of children referred by Part C prior to age 3 had their eligibility established and, if eligible, have an IEP developed and, if appropriate, implemented by their 3 rd birthday
Target FFY 2006 (2006-2007)	100% of children referred by Part C prior to age 3 have their eligibility established and, if eligible, have an IEP developed and, if appropriate, implemented by their 3 rd birthday
Results FFY 2006 (2006-2007)	82.4% of children referred by Part C prior to age 3 had their eligibility established and, if eligible, had an IEP developed and, if appropriate, implemented by their 3 rd birthday [N = 1,626 / 1,973]

The specific circumstances for each element of the calculation of the results are reported in Table 6.

Table 6: Preschool Transition by Age 3 Results for FFY 2006

a. # referred by Part C < age 3	b. # determined not eligible ≤ to age 3	c. # eligible with IEPs ≤ to age 3	d. # with parental delay	% of children meeting ≤ age 3 requirement
2442	314	1626	151	82.4%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona did not meet the target of 100% of children referred by AzEIP completing the transition process by their 3rd birthday although it did make good progress between FFY 2005 and FFY 2006, increasing the percentage from 63.61% to 82.4%.

Each PEA that did not report 100% completion of the transition process by the 3rd birthday was required to report to the ADE Early Childhood Education division (ECE) the number of days beyond the 3rd birthday for each child and the reasons for the delays.

- The range of days beyond the 3rd birthday reported by the PEAs was 1-150 days.
- The reported reasons for the delays were:
 - Family issues;
 - Difficulty obtaining reliable vision and hearing information;
 - Shortage of evaluators;
 - Delayed notification of the PEA by AzEIP;
 - Interruptions in the school calendar.

Correcting noncompliance on this indicator with individual PEAs is a joint function of the Exceptional Student Services and Early Childhood Education divisions. ESS now requires documentation of 100% compliance prior to closing any monitoring corrective action plans (see Indicator 15 for closeout results within one year) and ECE works with non-compliant PEAs to resolve the roadblocks to 100% compliance.

There were 87 PEAs that contributed to the 63.61% result for the State in FFY 2005. Of these 87 PEAs, 43 demonstrated 100% compliance with the In-by-3 requirement for FFY 2006. Beginning with the 2007-2008 school year, ADE/ESS implemented a new procedure designed to ensure 100% compliance with the In-by-3 requirement statewide. ADE/ESS specialists visit each PEA in the fall to assist with the identification of compliance status and, if compliance is less than 100%, investigate barriers and develop strategies to overcome the barriers. A second visit is designed to occur during the winter or spring in order to determine progress toward the 100% standard. The specialists from the ADE/ECE are working with PEAs to ensure correct data reporting, availability of evaluation staff during interruptions in the school calendar, and building improved communication with AzEIP service coordinators for scheduling transition conferences.

For the remaining 44 PEAs identified in FFY 2005 that were unable to demonstrate 100% compliance during FFY 2006, the ADE/ECE required a plan for corrective actions. Small PEAs and PEAs that demonstrated substantial improvement will be monitored through self-assessment and periodic contact by ECE staff. All other noncompliant PEAs will be assisted in reaching 100% In-by-3 through site visits. Failure to demonstrate compliance within one year will result in the progressive enforcement activities outlined in Indicator 15.

All improvement activities that were outlined in the SPP were completed within timelines with the exception of Activity #3.

Improvement Activities

1. Continue providing targeted technical assistance on transition agreement compliance to PEAs as requested or identified through monitoring and data analysis.

Status: In Fall 2006, ECE and AzEIP partnered to present half-day interactive regional training sessions titled "Seamless Transitions from AzEIP to Early Childhood Education Special Education Services" to targeted groups of school district and AzEIP personnel throughout the State. The sessions provided explicit instructions and recommendations for each step of the transition process, and allowed teams from each district and AzEIP service provider to create actions steps to comply with the transition agreement requirements.

ECE and AzEIP will continue regional trainings in fall 2007. Districts that did not attend prior training will be identified and targeted for these sessions. Updates on the revised transition IGA will also be included.

2. Enhance corrective action plan development as a result of monitoring findings to require the review of student files for the reasons the FAPE-by-three requirement was not met and the implementation of actions to overcome the identified causes.

Status: This requirement was built into the monitoring system that was implemented during the 2005–2006 school year. As districts reach their timelines for completing corrective actions and demonstrating compliance, ESS monitors will evaluate the districts' findings and action plans to determine the effectiveness of the changes.

3. Mine data from the enhanced AzEIP data system to validate FAPE-by-age-three information required by OSEP indicators.

Status: The AzEIP data system tracks the notification of the transition meeting. It does not track the actual date of a child's eligibility, IEP development, or entry into school. Therefore, mining the data to validate the information provided by PEAs is not possible. This activity is eliminated.⁹

4. Enhance SAIS by adding FAPE-by-three and Part C indicator fields for student-level data record.

Status: The SAIS system requirements for indicating Part C participation are in effect for the 2006-2007 school year. However, the OSEP calculation method for this indicator requires the inclusion of children who were found not to be eligible. Therefore, SAIS will not be an effective method of collection of the data for this indicator as only those preschool children who are eligible can be entered into the student record system. This activity has been deleted from the SPP as revised in FFY 2006.¹⁰

5. Modify the ECE transition data collection form to include the new requirement to identify those children whose parents were the cause of any transition delay.

Status: The data collection system was modified to include the children whose parents were the cause of any transition delay and those data are part of the formula which was used to calculate Arizona's percentage for this report.

6. Require demonstration of 100% compliance with transition timelines prior to closing any monitoring from the 2005–2006 school year.

Status: Instructions to districts and ESS specialists include the requirement that the ESS specialist must verify 100% compliance with the preschool transition timeline before an ESS monitoring can be deemed completed and closed out. Failure to close a monitoring within one year triggers the ESS sanctions detailed in Indicator 15.

⁹ See FFY 2006 SPP—Revised.

¹⁰ See FFY 2006 SPP—Revised.

Improvement Activities
<p>7. Publish the ECE transition compliance status for all applicable districts through the ADE/ESS Web site.</p> <p>Status: The public report for Indicator 12 was posted on the ADE/ESS Web site in March 2007.</p>
<p>8. Require districts with significant problems on this indicator to conduct a root cause analysis and develop an improvement plan.</p> <p>Status: All districts that did not achieve 100% compliance with the preschool transition timelines were required to report to the ADE/ECE the range of delays, the reasons for those delays, and a plan to correct (within one year) any policies, practices, and procedures that contributed to the delays. ECE specialists will monitor the corrective actions plans to ensure timely compliance.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

Arizona is adding one additional activity in order to improve the performance on this indicator. Activity #3 is deleted as the two data systems are collecting different information and can not be compared. Activity #4 is deleted, also. Details are listed in the FFY 2006 revision to the State Performance Plan.

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Indicator 13: High School Transition

Percent of youth aged 16 and above with an IEP that includes coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals.

(20 U.S.C. 1416(a)(3)(B))

Measurement:

Percent = # of youth with disabilities aged 16 and above with an IEP that includes coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals divided by # of youth with an IEP age 16 and above times 100.

High School Transition Statistics	
Baseline FFY 2005 (2005-2006)	83.5% of youth with disabilities aged 16 and above with an IEP that included coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals
Target FFY 2006 (2006-2007)	100% of youth with disabilities aged 16 and above with an IEP that included coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals
Results FFY 2006 (2006-2007)	57.8% of youth with disabilities aged 16 and above with an IEP that included coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals [N = 642 / 1,110]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona experienced significant slippage in compliance from the baseline year of FFY 2005. For the most part, the slippage can be explained by the change in the IDEA 2004 requirement for measurable, post-secondary goal(s) and services to support the goal(s). The baseline data were established on the 1997 reauthorization of IDEA and the data reflect the technical assistance and training that the State provided for the longer-standing requirement. As PEAs develop understanding and competencies with regard to the more rigorous expectations of IDEA 2004, Arizona anticipates the compliance rate at the time of on-site monitorings will improve rapidly and compliance within one year of the monitoring will reach 100%.

All PEAs with uncorrected findings related to high school transition during the SY 2004-2005 demonstrated compliance with the requirements on or before 6/30/07.

All PEAs with uncorrected findings during the SY 2005-2006 school year demonstrated compliance on or before 6/30/07 with the exception of 1 PEA. That PEA is currently working with a special monitor to bring them into compliance (see indicator 15).

There were 43 PEAs with findings of noncompliance on the identified transition requirements in FFY 2006. These PEAs are revising their policies, procedures, or practices to ensure 100% compliance as soon as possible and within one year of the identification of the noncompliance. The status of these PEAs will be reported in the 2007 APR. Table 7 summarizes the status of correction for each year from FFY 2004 to present.

Table 7: Compliance Status for High School Transition

School Year	Monitoring Line Item	# of data points	# in compliance	% in compliance at on-site	% PEAs in compliance within 1 yr	% PEAs in compliance on 6/30/07
2004–2005	Students needs, preferences, interests identified	838	694	83%	97.6%	100%
	Results-oriented, coordinated transition activities	580	404	70%	96.9%	100%
	Total	1,418	1,098	77.4%	97.3%	100%
2005–2006	Students needs, preferences, interests identified	632	532	84.2%	97.8%	98.9%
	Results-oriented, coordinated transition activities	368	303	82.3%	97.8%	98.9%
	Total	1,000	835	83.5%	95.7%	98.9%
2006–2007	Student-articulated measurable post-secondary goals	579	288	50%	1 year compliance timeline not yet reached as of 6/30/07. No data available.	
	Transition services needed to reach post-secondary goals	531	354	67%		
	Total	1,110	642	57.8%		

All improvement activities that were outlined in the SPP were completed within timelines.

Improvement Activities
<p>1. Identify items in the existing monitoring system that address the indicator.</p> <p>Status: Appropriate line items were identified for the FFY 2005 reporting year and the monitoring system was adjusted to reflect the language in IDEA '04.</p>
<p>2. Train ESS monitors to require the insertion of birth date in the computer program to allow for discrete analysis of items for transition-aged youth.</p> <p>Status: August 2006 monitoring training included the emphasis on entering complete demographic data for each student whose file was selected for review.</p>
<p>3. Develop new sample forms for PEAs that support high quality transition planning in the IEP process.</p> <p>Status: A new sample form has been developed. The new form guides IEP teams through a process which addresses the secondary transition requirements. Training for PEA and ADE/ESS staff occurred during the 2006-2007 school year and will continue to be provided on an on-going basis.</p>
<p>4. Utilize and disseminate transition resources listed on the ESS Web site.</p> <p>Status: Extensive resources are provided on the ADE/ESS Web site at ade.az.gov/ess/SpecialProjects/transition/. Resources are provided for students, parents, and professionals. Additional information on resources and events is included.</p>
<p>5. Provide funding for Community-Based Transition Teams in urban and rural locations and with Native American and secure care (correctional facility) populations to build local capacity to support post-school outcomes and opportunities.</p> <p>Status: ADE/ESS funded eight community-based transition teams that represented rural, urban, Native American and secure care populations. ADE/ESS contracted with Kansas University Transition Coalition to design content, provide resources, and deliver a series of in-depth AZ Transition team trainings and technical assistance to grant recipients.</p>
<p>6. Sponsor a Statewide Transition Conference featuring model programs, national experts, and student leadership.</p> <p>Status: The Statewide Transition Conference was held in September 2006 with approximately 650 participants. Participants included youth and young adults with disabilities, PEA transition specialists, teachers, administrators, parents, and other State and private agencies involved with transition services to students with disabilities.</p>
<p>7. Provide training to PEAs on the development of local interagency planning groups that support transition.</p> <p>Status: This activity was incorporated into the work done under activity #5.</p>
<p>8. Train school personnel to develop meaningful, measurable, and individualized IEP post-secondary goals.</p> <p>Status: ADE/ESS sponsored a series of statewide interagency transition trainings with the Rehabilitation Services Administration/Vocational Rehabilitation, the Division of Developmental Disabilities, and Behavioral Health Services to train teachers and agency providers on facilitating results-oriented, coordinated transition activities. In addition, sessions on measurable post-secondary goals were included in all Transition Outcomes Project events and the Statewide Transition Conference.</p>

Improvement Activities
<p>9. Enhance monitoring and TA system to provide additional guidance on postsecondary goal determinations.</p> <p>Status: ESS monitoring guide steps were enhanced to increase the attention of ADE/ESS specialists to the statutory requirements and best practices. Staff training for monitoring emphasized the secondary transition requirements.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

One additional improvement activity has been added in order to more rapidly improve the performance of PEAs on the high school transition requirements. The details of the activity are located in the State Performance Plan—Revised FFY 2006.

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Indicator 14: High School Outcomes

Percent of youth who had IEPs, are no longer in secondary school, and who have been competitively employed, enrolled in some type of postsecondary school, or both, within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

Information regarding this indicator is reported in the State Performance Plan—Revised.

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 15: Effective Corrective Action

General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416 (a)(3)(B))

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and enforcement actions, that the State has taken.

Corrective Action Statistics	
Baseline FFY 2003 (2003-2004)	65.9% of corrective actions completed within one year of identification
Target FFY 2006 (2006-2007)	100% of corrective actions completed within one year of identification
Results FFY 2006 (2006-2007)	93.1% of corrective actions were completed within one year of identification [N = 2,807 / 3,014] The total includes 95 monitorings and 169 complaints.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona continues to show progress in ensuring that all findings of noncompliance are corrected and verified by ESS staff within one year of identification; however, the State falls short of the 100% target required by OSEP. Table 8 reports on the number of findings by indicator for the 2005-2006 school year (FFY 2005). The table also reports the number and percent that were corrected within one year and the number and percent that were corrected by the end of the FFY 2006 reporting period.

In accordance with the instructions provided by OSEP, Arizona has parsed out all findings of noncompliance into Indicators 1-14 of the State Performance Plan. This was a challenging task as most regulatory requirements impact multiple outcome indicators (as evidenced by the duplications in the

OSEP Related Requirements document), but the findings can not be duplicated in this report. Therefore, the ADE/ESS has allocated the findings as follows:

- Requirements that have the potential to impact most, if not all, of the SPP indicators were grouped together and are called “core items.”
- Next, using the related requirements document provided by OSEP, requirements were allocated according to the group where they first occurred.
- Once allocated, a requirement was not repeated even though it might have a significant impact on a subsequent group or indicator.
- In order to provide some perspective on the number of findings in each group, the number and percentage of total possible findings from monitoring are also reported.

Mediations and resolution sessions do not generally hinge on procedural noncompliance or result in an order of corrective action. The due process hearings fully adjudicated in FFY 2006 did not result in an order of corrective action. Therefore, these components of the general supervision system in the State are not included in Table 8.

Verification of Compliance: Arizona has consistent and explicit requirements before determining that a PEA has demonstrated correction of a finding of noncompliance found through the monitoring system. The ADE/ESS specialist assigned to the PEA schedules a minimum of three visits to the PEA between the monitoring exit conference and the one-year anniversary of the exit conference. The first visit is within 45 days of the exit and is focused on the individual student files that contributed to the finding. Documentation of new evaluations, new IEPs, and/or appropriate service delivery must be provided to the ADE/ESS specialist for the students for whom FAPE-impacting noncompliance was discovered at the monitoring. Subsequent visits to the PEA are designed to ensure that the PEA has completed the required systemic corrective actions and those actions have resulted in ongoing compliance. The ADE/ESS specialist determines ongoing compliance through a combination of files reviews, interviews, and/or observations.

Because findings of noncompliance that are found through a State complaint are, most generally, focused on an individual student, the PEA is required to provide documentation of correction for each student to the ADE/ESS Complaint Corrective Action Coordinator. Documentation of the correction as specified in the letter of finding is required prior to determining that compliance has been achieved. Timelines vary depending upon the action required; however evaluations, IEPs, and services generally require correction within 30-45 days. Training, compensatory services, and more systemic corrective actions are frequently allotted additional time but in no case longer than one year from the date of the letter of finding.

Table 8: Number of Findings and Correction Timelines by Indicator for FFY 2005

Indicator Groups	General Supervision components	# of PEAs monitored or investigated	# of Findings identified in FFY 05	# Corrections verified within 1 year	% Corrections verified within 1 year	# Corrected by 6/30/07	% Corrected by 6/30/07
Elements essential for all Indicators (Core Items)	Monitoring ¹¹	95	1,133 (3,064 possible = 37%)	1,046	92.6%	1112	98.1%
	Complaints	85	109	109	100%	109	100%
A (Indicators 1, 2, 13, & 14)	Monitoring	95	402 (951 possible = 42%)	370	92.0%	392	97.5%
	Complaints	85	5	5	100%	5	100%
B (Indicators 3 & 7)	Monitoring	95	260 (760 possible = 34%)	238	91.5%	255	98.1%
	Complaints	85	8	8	100%	8	100%
C (Indicator 4)	Monitoring	95	40 (157 possible = 26%)	39	97.5%	40	100%
	Complaints	85	16	16	100%	16	100%
D (Indicators 5 & 6)	Monitoring	95	509 (634 possible = 31%)	482	94.7%	499	98.0%
	Complaints	85	4	4	100%	4	100%
E (Indicator 8)	Monitoring	95	228 (612 possible = 37%)	213	93.4%	223	97.8%
	Complaints	85	34	34	100%	34	100%
F (Indicators 9 & 10)	Monitoring	95	216 (552 possible = 39%)	197	91.2%	213	98.6%
	Complaints	85	0				
G (Indicator 11)	Monitoring	95	34 (75 possible = 45%)	30	88.3%	33	97.1%
	Complaints	85	3	3	100%	3	100%
H (Indicator 12)	Monitoring	95	13 (35 possible = 37%)	13	100%	13	100%
	Complaints	85	0				
TOTALS			3,014	2,807	93.1%	2,959	98.2%

¹¹ While ESS has 4 variations of monitoring, they all result in an on-site visit by two or more ESS staff members to ensure the compliance calls are consistent with the requirements of the department. For the purposes of the APR, all monitoring findings should be considered as emerging from on-site monitoring visits.

Table 9 reports the correction of identified noncompliance prior to June 2005, including the correction that occurred after the expiration of the one-year maximum timeline. All noncompliance prior to FFY 2003 was corrected as of 1/14/06. The enforcement steps taken to ensure compliance when correction did not occur within one year were comparable to the enforcement steps detailed in Table 10.

Table 9: Correction of Noncompliance from Prior Years

FFY	# of PEAs with corrective action	# compliant within 1 year	# compliant as of 6/30/06	# compliant as of 6/30/07	% compliant as of 6/30/07
2003	129	86	128	129	100%
2004	225	208	222	225	100%

Monitoring

Substantial progress was made by the State in achieving compliance within one year of the exit conference date for monitoring. The baseline percentage reported in the State Performance Plan was a 1-year-closeout rate of 63.9% and the FFY 2005 rate was 92.4%. The improvement is attributed to adequate notification of the expectation by the State to the PEAs, an increased emphasis by assigned specialists upon adherence to the timelines, and a process of notifying PEAs of their impending deadline for closing out.

Eleven PEAs that were monitored during FFY 2005 did not complete all corrective action and demonstrate compliance by the end of their allotted year. The enforcement steps taken by the ADE/ESS are reported in Table 10.

Table 10: ESS Enforcement Steps Used for FFY 2005 Monitoring

Enforcement Steps	Number of PEAs	Results
1. Failure to close notice—30-day deadline	11	5 closed with no further action required
2. Interruption of IDEA payments—60-day deadline	6	2 closed with no further action required
3. Special monitor/interruption of 10% State aid	4	2 closed with no further action required 1 open awaiting special monitor report
4. Request for a Notice of Intent to Revoke or Voluntary Surrender of the charter	1	Notice of Intent to Revoke resulted in the school coming into compliance
5. Permanent withholding of FFY 2006 funds	1	The permanent withholding of IDEA funds was in the same school for which a Notice of Intent to Revoke occurred

Step 1 of the enforcement steps involves the notification to the PEA that their allowed time has expired and that they must complete all corrective action within 30 days or risk interruption of IDEA funds. For those PEAs that cannot demonstrate compliance within that timeframe, the ESS interrupts payments (Step 2) for all payment cycles until the ESS specialist verifies the compliance with outstanding findings. Once that occurs, all payments that were on hold are released to the PEA.

Step 3 of the ESS enforcement process involves giving PEAs a choice between contracting with a “special monitor” and permanent withholding of IDEA funds for a given year. The special monitor option requires that the PEA select an individual from a set of resumes provided by ESS and arrange for that person to provide the on-going and rapid technical assistance that the PEA needs to resolve their compliance issues. The special monitor reports the PEA’s progress (or lack of progress) to the ESS on a

regular basis. The purpose of the special monitor option is to ensure that PEAs have the intensive assistance needed without using an extraordinary amount of their assigned ESS specialist's time. The ESS specialist makes frequent visits with the special monitor to verify progress. Insufficient progress results in further enforcement action. Most PEAs in this circumstance have elected the special monitor option instead of the permanent withholding of IDEA funds.

In addition to the option listed above, PEAs in Step 3 have 10% of State aid put on hold until compliance is achieved.

Complaints

All PEAs that had complaint findings were able to demonstrate compliance within the one year timeframe.

All improvement activities that were outlined in the SPP were completed within timelines.

Improvement Activities for Monitoring	
2. Emphasize at all monitoring exit conferences the one-year closeout requirement.	Status: SFY 2006 Monitoring Handbook was revised to reflect one-year closeout requirement and enforcement after expiration of one year.
5. Continue to require intensive technical assistance to all PEAs unable to close out within one year.	Status: ESS specialists provide ongoing TA to PEAs struggling with compliance. PEAs with monitorings that are open 60 days after the one-year anniversary are given the option of a PEA-paid special monitor/TA provider or withholding of IDEA funds.
6. Continue to implement progressive enforcement activities for failure to complete corrective action items.	Status: See Table 1 for current-year enforcement activities.
Improvement Activities for Complaint Investigation	
1. Continue established tracking system to monitor submission of required corrective actions.	Status: Tracking system continues to be an effective measure to ensure corrective actions are received in a timely manner.
2. Modify procedures so that corrective actions that allow the school greater than one year to complete will no longer be issued.	Status: Procedures were modified to disallow any corrective actions that exceeded one year.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources

Two improvement activities were added to the State Performance Plan—Revised.

Federal Monitoring Findings from 2000

Correction of Noncompliance Related To Counseling, Child Find, and Extended School Year

The OSEP monitoring report dated May 22, 2000 outlined areas of noncompliance in Arizona. The OSEP Response Table for the FFY 2005 SPP/APR directed the State to provide in the FFY 2006 APR, “. . . data demonstrating timely correction of noncompliance identified prior to June 2005, including any remaining uncorrected noncompliance regarding the provision of psychological counseling services, child find for children birth through three, and the provision of ESY services.” The following section of this report reflects the status of each of the identified areas from FFY 2001 through FFY 2005.

Child Find

The OSEP finding of noncompliance related to child find was based on an insufficient number of children in the age range of birth to three years being identified and served in the Arizona early intervention program. Because Part B and Part C share the mutual responsibility for this age group, both the Arizona Department of Education (ADE) and the Arizona Early Intervention Program (AzEIP) were cited for this deficiency.

The ADE and AzEIP have worked together to create outreach programs to families, hospitals, and primary care physicians to ensure that infants and toddlers with disabilities are identified and served. The OSEP recognizes that the numbers of children served by AzEIP have increased substantially and has agreed that AzEIP has met its obligation with regard to the finding of noncompliance. Given that the work that was done in this area was a shared effort by Part C and Part B, the ADE/ESS believes that OSEP should acknowledge that the ADE is also in compliance with birth-to-three child find requirements.

Arizona's monitoring system includes specific instructions to oversight teams regarding how to determine compliance calls on each line item. The relevant instructions are provided herein for the two items most closely related to birth-to-three child find from FFY 2001-2005. The general guide steps for each relevant line item are as follows:

Public awareness of the availability of special education services is ongoing

Method: The ADE/ESS specialist reviews the public awareness efforts of the PEA to ensure that the methods are sufficiently broad to support knowledge of early intervention services by parents and community resources.

The PEA ensures that child find occurs for birth to 2.9 in a timely manner. (Note: Prior to FFY 2003, this item read birth to 5.0.)

Method: Determine if the required Child Find procedures [as outlined in the ADE/AzEIP Intergovernmental agreement] for birth to 2.9 are followed.

Table 11 displays the monitoring and complaint findings related to birth-to-three child find and the correction of those findings.

Table 11: Correction of Noncompliance Related to Birth-to-Three Child Find

Line Items	Number of findings and dates of compliance				
Monitoring	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005
Public awareness	23	27	23	25	21
Timely manner	35	28	4	6	12
Date of 100% compliance ¹²	11/5/04	1/14/06	9/21/06	9/8/06	7/27/07
0-3 Child Find Complaints	0	0	0	0	0
Date of 100% compliance					

¹² The date of compliance refers to the latest date any PEA monitored within a year demonstrated compliance with all IDEA requirements, not just the requirements related to child find.

Psychological Counseling

The following line items are the components of the ESS monitoring system that demonstrate Arizona has corrected the OSEP finding related to the failure of the State to ensure that counseling services (as defined in 34 CFR 300.34 (c) (2)) are available to students with disabilities when determined by the IEP team to be necessary to ensure FAPE. These line items were selected because together they investigate the requirements that would lead to an appropriate decision to provide counseling services and the subsequent provision thereof.

Arizona's monitoring system includes specific instructions to oversight teams regarding how to determine compliance calls on each line item. The relevant instructions are provided herein in order to demonstrate that counseling is specifically included in the considerations for the compliance calls. It should be noted that counseling is one of a number of services or supports that might be appropriate under each line item and the reported findings capture **all** of the possible areas of noncompliance, not simply noncompliance related to the determination or provision of counseling services.

The general guide steps for each relevant line item are as follows:

Consideration of related services

Method: Determine if the IEP team considered the need for related services. If there are no related services indicated on the IEP, there must be some notation that the team considered and rejected the need. Examples: Counseling, Social work services, Parent counseling and training, etc.

Consideration of strategies and supports to address behaviors that impede the student's learning or the learning of other students

Method: Determine if the IEP team considered whether or not the student needs behavioral interventions. If there is any evidence that the student has a problem with acceptable behavior, this must be addressed in the IEP. The term "behavior" includes actions such as consistent tardiness, failure to complete homework, and other destructive but non-confrontational actions.

The IEP meets the student's needs—this item looks at the cohesiveness of the IEP as a whole and requires that the IEP reflect the student's individual needs

Method: Consider all of the following: evaluation information, present levels of educational and functional performance, IEP goals, transition requirements, and services to be delivered. There should be a clear alignment between the student needs and the goals and services identified on the IEP. This would include the need for counseling services.

Service provision—this item is structured to ensure that parents, teachers, and related services providers have the opportunity to alert the monitoring team if IEP-specified services are not being provided by the LEA

IEP Team Interviews Question: Are all of the services written in the IEP being provided?

Parent Survey Question: Is your child receiving the amount of services currently listed on the IEP?

Related Service Provider Survey Question: Are IEPs being implemented as written—including in the regular classroom, related services, etc.?

Correction of noncompliance is two pronged:

- Each child whose IEP did not meet the student's needs or for whom IEP services were not being provided must have those deficiencies remedied within 45 days of the finding, and;
- The assigned ESS specialist must determine that the PEA has corrected its policies, procedures, and practices and that the subsequent opportunities to demonstrate compliance has resulted in appropriate actions and documentation. In the case of counseling services, ESS specialists review a sample of IEPs developed **after** the monitoring and the development and implementation of the corrective action plans to ensure that PEA personnel have integrated the compliance requirements into their

routine procedures. The ESS specialists determine if counseling as a related service is being considered and if the consideration is documented in the IEP. When the IEP team has indicated that counseling services are to be provided, the specialists determine if the services are being implemented as indicated.

Table 12: Correction of Noncompliance Related to Psychological Counseling Services

Line Items	Number of findings and dates of compliance				
Monitoring	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005
Related services	24	22	25	41	29
Behavioral supports	32	36	26	34	26
IEP meets needs	31	33	35	49	45
Services provided	24	22	17	21	21
Date of 100% compliance ¹³	11/5/04	1/14/06	9/21/06	9/8/06	7/27/07
Counseling Complaints	2	3	0	0	0
Date of 100% compliance	< 1 year	< 1 year	< 1 year	< 1 year	< 1 year

In summary, the ADE/ESS ensures that psychological counseling services are considered by each IEP team and, when appropriate, included in the IEP and provided to the student. The ADE/ESS requires that findings of noncompliance be corrected within one year and initiates sanctions when a PEA is unable to meet that timeline. Table 12 demonstrates that all findings of noncompliance prior to June 2005 have been corrected.

Extended School Year Services

The following line items are the components of the ESS monitoring system that demonstrate that Arizona has corrected the OSEP finding related to the failure of the State to ensure that extended school year services are available to students with disabilities when determined by the IEP team to be necessary to ensure FAPE.

Arizona's monitoring system includes specific instructions to oversight teams regarding how to determine compliance calls on each line item. The relevant instructions are provided herein in order to demonstrate that the consideration of the need for extended school year services for all students is a specific compliance consideration of the ADE/ESS and that the provision of ESY services is a compliance element when determined by an IEP to be required in order to ensure FAPE.

The general guide step for the relevant line item is as follows:

Consideration of the need for extended school year services (ESY)

Method: Determine if the decision about the need for ESY was made on an individual basis at the IEP meeting. ESY cannot be excluded on the basis of a particular category of disability, the age of the student, or the availability of PEA resources.

Service provision

Method: This item is structured to ensure that parents, teachers, and related services providers have the opportunity to alert the monitoring team if IEP-specified services are not being provided by the LEA.

¹³ The date of compliance refers to the latest date any PEA monitored within a year demonstrated compliance with all IDEA requirements, not just the requirements related to psychological counseling.

IEP Team Interviews Question: Are all of the services written in the IEP being provided (including related services, specialized materials, and assistive technology, modifications in the general education classroom, and transition services, etc.)?
 Parent Survey Question: Is your child receiving the amount of services currently listed on the IEP?

Correction of noncompliance is documented in the same manner as for counseling services.

Table 13: Correction of Noncompliance Related to ESY Services

Line Items	Number of findings and dates of compliance				
	FFY 2001	FFY 2002	FFY 2003	FFY 2004	FFY 2005
Monitoring					
ESY considered	45	39	31	40	27
IEP meets needs	31	33	35	49	45
Services provided	24	22	17	21	21
Date of 100% compliance ¹⁴	11/5/04	1/14/06	9/21/06	9/8/06	7/27/07
ESY Complaints	3	5	3	3	0
Date of 100% compliance	< 1 year	< 1 year	< 1 year	< 1 year	< 1 year

The ADE/ESS ensures that extended school year services are considered by each IEP team and, when appropriate, included in the IEP and provided to the student. The ADE/ESS requires that findings of noncompliance be corrected within one year and initiates sanctions when a PEA is unable to meet that timeline. Table 13 demonstrates that all findings of noncompliance prior to June 2005 have been corrected.

¹⁴ The final date of compliance refers to the latest date any PEA monitored within a year demonstrated compliance with all IDEA requirements, not just the requirements related to ESY services.

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 16: Complaint Investigation Timelines

Percent of signed written complaints with reports issued within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B))

Measurement

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Complaint Investigation Statistics	
Baseline FFY 2004 (2004-2005)	73.9% of State complaints findings were issued within 60 days of receipt
Target FFY 2006 (2006-2007)	100% of State complaints findings issued within 60 days of receipt
Results FFY 2006 (2006-2007)	100% of State complaints findings were issued within 60 days of receipt or properly extended timelines [N = 112 / 112]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona met the target of 100% of State complaints findings issued within 60 days of receipt or properly extended timelines.

All improvement activities that were outlined in the SPP were completed within timelines.

Improvement Activities
<p>1. Add a new paragraph to each Letter of Acknowledgement outlining ADE's expectation that the parties to the complaint will provide the investigator relevant documentation and make the necessary individuals available for interviews or risk the Letter of Findings being written without their input.</p> <p>Status: Letters of Acknowledgement continue to include language related to the need to respond promptly to requests for information and/or documentation.</p>
<p>2. Establish a reminder system to alert the complaint investigator a week prior to a complaint due date that the 60-day timeline is about to expire. The investigator will be granted an extension prior to the timeline running out if one is justified.</p> <p>Status: The director of Dispute Resolution monitors the progress of each complaint and discusses completion dates with each investigator as a deadline approaches.</p>

Improvement Activities	
3.	Analyze work flow quarterly and adjust assignments as necessary between offices and investigators. Status: Work flow is monitored weekly by the Dispute Resolution director and new complaints are assigned accordingly.
4.	Establish a system of assigning due dates to ensure that the complaint due date falls on a business day rather than a weekend or holiday. Status: The system was implemented in May 2007 and due dates are set for the last working day before the 60 days expire when the 60 th day occurs on a weekend or holiday. ¹⁵

Revisions, with Justification, to Proposed Targets / Improvement / Activities / Timelines / Resources

No revisions are necessary at this time.

¹⁵ New activity for FFY 2007 and added to the SPP—Revised 2006.

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 17: Due Process Hearing Timelines

Percent of fully adjudicated due process hearing requests that were fully adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party.

(20 U.S.C. 1416(a)(3)(B))

Measurement

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Due Process Timeline Statistics	
Baseline FFY 2004 (2004-2005)	86% of due process decisions were issued within 45 days of filing
Target FFY 2006 (2006-2007)	100% of due process decisions issued within 45 days of filing
Results FFY 2006 (2006-2007)	100% of due process decisions were issued within 45 days of filing [N = 2 / 2]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona met its target to ensure fully adjudicated due process hearings were fully adjudicated within the 45-day timeline or a timeline that was properly extended by the hearing officer at the request of either party.

All improvement activities that were outlined in the SPP were completed within timelines.

Improvement Activities
2. Propose changes to Arizona Administrative Code rules relating to due process. Status: Changes to the Arizona Administrative Code were completed and approved by the State Board in January 2006.
3. Develop due process hearing procedures to outline how timelines will be adhered to. Status: The due process hearing procedures were completed during FFY 2007 and posted to the ESS Web site in August 2007.

4. Provide training to administrative law judges.

Status: Administrative law judges attend the Directors' Institute and specialized sessions related to due process hearings conducted by contracted legal experts in special education.

Revisions, with Justification, to Proposed Targets / Improvement / Activities / Timelines / Resources

No revisions are necessary at this time.

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 18: Resolution Session Effectiveness

Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

(20 U.S.C. 1416(a)(3(B))

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Resolution Effectiveness Statistics	
Baseline FFY 2004 (2004-2005)	57.9% of the hearing requests that went to resolution session were resolved through a settlement agreement
Target FFY 2006 (2006-2007)	60.0% of the hearing requests that go to resolution session will be resolved through a settlement agreement
Results FFY 2006 (2006-2007)	72.7% of the hearing requests that went to resolution session were resolved through a settlement agreement [N = 16 / 22]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona substantially exceeded its target for the success of resolution session agreements.

Improvement Activities
<p>1. Modify ESS Dispute Resolution data base to capture data required by IDEA 2004 regarding resolution sessions.</p> <p>Status: ESS monitors the success rate of resolution sessions using a spread sheet that tracks other dispute resolution systems.</p>
<p>2. Continue to work with the Arizona OAH to develop an efficient interagency data tracking system.</p> <p>Status: The OAH notifies the director of Dispute Resolution of "minute entries" made during all phases of a due process hearing. This includes any communication regarding resolution sessions.</p>
<p>3. Offer a workshop to PEAs on mediation, negotiation, and facilitation techniques in order to encourage resolution of due process complaints.</p> <p>Status: This activity is rescheduled to take place during the 2008-2009 school year.</p>

4. Review and analyze results semiannually and modify training and procedures to improve outcomes.

Status: The director of Dispute Resolution monitors the outcome of all aspects of dispute resolution and determines if adjustments or additional activities are necessary.

Revisions, with Justification, to Proposed Targets / Improvement / Activities / Timelines / Resources

No revisions are necessary at this time.

Monitoring Priority: Effective General Supervision Part B / General Supervision
Indicator 19: Mediation Effectiveness

Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B))

Measurement:

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Mediation Statistics	
Baseline FFY 2004 (2004-2005)	82.0% of mediation requests resulted in a mediation agreement
Target FFY 2006 (2006-2007)	82.5% of mediation requests result in a mediation agreement
Results FFY 2006 (2006-2007)	73.9 of mediation requests resulted in a mediation agreement [N = 17 / 23]

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona did not meet the target for FFY 2006. It is difficult to explain why only 73.9% of mediations resulted in a mediation agreement. Presumably, some parties were unable to come to agreement and had to utilize the due process system to resolve their disputes.

Improvement Activities
<p>2. Utilize PINS specialists to discuss value of mediation with parents.</p> <p>Status: The director of Dispute Resolution meets with PINS to ensure they have appropriate and updated information in order to assist parents.</p>
<p>3. Analyze feedback from mediation survey sent to parties following mediation to determine what ADE can do to improve the mediation system.</p> <p>Status: Feedback from mediations is analyzed to determine possible ways to improve the system. Mediators have been replaced when feedback is consistently suspect. Mediators must now be trained by the Office of the Attorney General and have current information regarding disability issues. Mediators are alerted to the resources available through CADRE.</p>

4. Present training sessions at annual Directors' Institute on mediation.

Status: The director of Dispute Resolution presented two sessions of the options available for dispute resolution and the procedures appropriate for each.

Revisions, with Justification, to Proposed Targets / Improvement / Activities / Timelines / Resources

Arizona does not see a need to revise its improvement activities as the failure to meet the target is likely the result of the specific issues that were brought to the mediation table rather than any systemic problem with the State's mediation system.

Monitoring Priority: Effective General Supervision Part B / General Supervision
Indicator 20: Reporting Accuracy and Timeliness

State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B))

Measurement:

State reported data, including 618 data and annual performance reports, are:

- A. Submitted on or before due dates (February 1 for child count, including race and ethnicity, placement; November 1 for exiting, discipline, personnel; and February 1 for Annual Performance Reports); and
- B. Accurate (describe mechanisms for ensuring accuracy).

Accurate and Timely Reporting Statistics	
Baseline FFY 2004 (2004-2005)	100% of data was reported by the deadline
Target FFY 2006 (2006-2007)	100% of data will be reported accurately and by the deadline
Results FFY 2006 (2006-2007)	95% of data was reported accurately and by the deadline

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006

Arizona has made good strides toward resolving the data issues identified in the FFY 2005 Annual Performance Report. The statutory timelines for making changes to the student data system known as SAIS has been amended from three years to one year for upward revisions, thereby improving the accuracy of the graduation and dropout data and all other data extracted from the SAIS system.

The State has resolved the audit issue related to verification of special education child count information that was reported in the FFY 2005 APR. In a letter dated November 5, 2007, the USDOE Office of Special Education and Rehabilitative Services notified the State that the actions undertaken to resolve audit findings were sufficient and that the USDOE considers the findings on this issue resolved and closed.

Table 14: Due Dates and Submission Dates for Data Elements

Data Element	Due Date	Submission Date			
		2003–2004	2004–2005	2005–2006	2006–2007
Preliminary Child Count	February 1	1/15/04	1/28/05	1/18/06	2/1/07
Preliminary Placement		1/15/04	1/28/05	1/15/06	2/1/07
Final Child Count		7/7/04	7/13/05	7/13/06	7/10/07
Final Placement		7/7/04	7/31/05	7/13/06	7/10/07
Assessment		N/A	2/12/06	2/1/07	12/14/07
Personnel	November 1	10/29/04	10/29/05	10/25/06	10/31/07
Exit		10/29/04	10/29/05	10/25/06	10/31/07
Discipline		10/29/04	10/29/05	10/25/06	10/31/07
Dispute Resolution		N/A	N/A	N/A	11/1/07

The State continues to have difficulty with the submission of a final December 1 child count by February 1 and will continue to submit surrogate data by the deadline. Discussions are underway about the wisdom of moving the child count data to some earlier date to allow a longer window for correction and verification but no decision has been reached as yet.

Arizona has in place multiple validity and reliability checks to ensure that the best possible data is available for federal and State use. ESS is using the Critical Elements draft provided at the National Accountability Conference to evaluate the current system and to make improvements. Current status and improvement efforts are reported below by principle (as articulated in the guidance document).

Principle 1: Data Collection—Data collection plans, including policies and procedures, for collecting and reporting accurate data.

Arizona has in place five of the critical elements identified in the guidance document. The sixth element—consultation with data providers—occurs on a regular basis when elements are being added or revised but is not in an on-going, formal system.

Principal 2: Data Editing and Validation—Procedures are in place for editing and validating data submitted by providers.

Arizona meets two of the critical elements in that electronic submission has multiple validity checks and allows data providers to compare current submissions with prior years to identify any substantial anomalies. The modifications to the ESS monitoring system with its heavy reliance on child outcome data moves the State forward in meeting the third critical element under this principle. Work needs to continue in this area and in resolving data editing issues within SAIS as a result of State statutory allowances.

Principle 3: Data Reporting—Data is available to the public and data quality problems are identified and reported.

Data, including SPP/APR data, will be reported to the public on the ADE/ESS Web site by March 2008. The ADE/ESS is in the process of developing a more user-friendly viewing method than the Excel spreadsheets that will be used for FFY 2006 data, but that system will not be implemented for this reporting period.

Principal 4: System Management and Documentation—Policies and procedures are in place for maintaining the integrity of collection and reporting systems.

The agency addresses all five of the critical elements within this principle and continues to work with all data users and reporters to improve the validity and reliability of information. There are intrinsic difficulties in some of the requirements that continue to present challenges and these are visited repeatedly to move toward resolution.

In addition to the principals noted above, ADE/ESS uses the edit checks built into the WESTAT reports to ensure accuracy. The State also investigates the unusual variances identified by WESTAT to determine the validity of the submitted information.

Improvement Activities
<p>5. Maintain the timeliness of data submission at 100% and review annually, at a minimum, to update/improve accuracy and timeliness.</p> <p>Status: Timeliness was maintained. The ESS is using the Critical Elements document provided by OSEP to review and amend agency procedures to ensure continued improvement in the accuracy of the data.</p>
<p>6. Review ADE/ESS efforts to ensure valid and reliable data through the use of the data standards.</p> <p>Status: ADE continues to implement actions designed to produce timely, valid, and reliable data. These efforts are particularly addressed at the PEA level in an effort to improve the information submitted to the ADE. Training and technical assistance continue and are now augmented by consequences to PEAs that submit inaccurate data or submit after due dates.</p>
<p>7. Initiate discussions with other ADE divisions with federal reporting requirements that are extracted from SAIS to build rationale for statutory change.</p> <p>Status: The changes necessary to SAIS timelines were completed ahead of schedule during the 2006-2007 school year.</p>

Revisions, with Justification, to Proposed Targets / Improvement / Activities / Timelines / Resources

One improvement activity has been added to the State Performance Plan—Revised 2006. The ADE/ESS will investigate the feasibility of moving the federal child count date from December 1 to a date as early as October 1.

**Attachment 1: Participation
and Performance**

TABLE 6
**REPORT OF THE PARTICIPATION AND PERFORMANCE OF STUDENTS WITH DISABILITIES ON STATE
 ASSESSMENTS BY CONTENT AREA, GRADE, AND TYPE OF ASSESSMENT**

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STATE: ____ARIZONA____

SECTION A. ENROLLMENT DATA FOR THE MATH ASSESSMENT¹

DATE OF ENROLLMENT COUNT: ____4-09-07, and 4-11-07____

GRADE LEVEL	STUDENTS WITH IEPs (1)	ALL STUDENTS (2)
3	11166	82934
4	11392	82273
5	11368	83001
6	10955	81919
7	10190	82320
8	9549	80693
HIGH SCHOOL (SPECIFY GRADE: _10____)	8132	75954

¹ At a date as close as possible to the testing date.

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SECTION B. PARTICIPATION OF STUDENTS WITH DISABILITIES ON MATH ASSESSMENT

GRADE LEVEL	STUDENTS WITH DISABILITIES WHO TOOK REGULAR ASSESSMENT ON GRADE LEVEL ACHIEVEMENT STANDARDS			
	TOTAL (3)	SUBSET (OF 3) WHO TOOK THE ASSESSMENT WITH ACCOMMODATIONS (3A)	LEP STUDENTS IN US < 12 MONTHS WHOSE ENGLISH PROFICIENCY TEST REPLACED REGULAR READING ASSESSMENT (3B) ¹	SUBSET (OF 3) WHOSE ASSESSMENT RESULTS WERE INVALID ² (3C)
3	10292	268		58
4	10580	393		47
5	10560	451		65
6	9997	518		69
7	9275	672		111
8	8603	644		99
HIGH SCHOOL (SPECIFY GRADE: ____10____)	7028	1088		50

¹ This column is gray because it does not apply to the math assessment. Do not enter data in this column.

² Invalid results are assessment results that cannot be used for reporting and or aggregation due to problems in the testing process (e.g., students do not take all portions of the assessment, students do not fill out the answer sheet correctly) **or changes in testing materials that resulted in a score that is not deemed by the State to be comparable to scores received by students who took the assessment without these changes.**

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SECTION B. PARTICIPATION OF STUDENTS WITH DISABILITIES ON MATH ASSESSMENT (CONTINUED)

GRADE LEVEL	STUDENTS WITH DISABILITIES WHO TOOK ALTERNATE ASSESSMENT				
	TOTAL (4)	SUBSET (OF 4) WHOSE ALTERNATE WAS SCORED AGAINST GRADE LEVEL STANDARDS (4A)	SUBSET (OF 4) WHOSE ALTERNATE WAS SCORED AGAINST ALTERNATE ACHIEVEMENT STANDARDS (4B)	SUBSET (OF 4B) COUNTED AT THE LOWEST ACHIEVEMENT LEVEL BECAUSE OF THE NCLB 1% CAP ¹ (4C)	SUBSET (OF 4) WHOSE ASSESSMENT RESULTS WERE INVALID ² (4D)
3	682	682			
4	641	641			
5	583	583			
6	709	709			
7	722	722			
8	741	741			
HIGH SCHOOL (SPECIFY GRADE: ____10____)	674	674			

¹ NCLB 1% cap is the limit on the number of **scores on an alternate assessment on alternate achievement standards that can be counted as proficient** AYP calculations. If in 2006-07 your state had an approved exception to the 1% cap, as indicated in Section A, use your 2006-07 adjusted cap rather than 1% when determining the number of students that must be counted in the lowest achievement level.

² Invalid results are assessment results that cannot be used for reporting and or aggregation due to problems in the testing process (e.g., students do not take all portions of the assessment, students do not fill out the answer sheet correctly) **or changes in testing materials that resulted in a score that is not deemed by the State to be comparable to scores received by students who took the assessment without these changes.**

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SECTION B. PARTICIPATION OF STUDENTS WITH DISABILITIES ON MATH ASSESSMENT (CONTINUED)

GRADE LEVEL	STUDENTS WHO DID NOT TAKE AN ASSESSMENT IN ACCORDANCE WITH NCLB			
	STUDENTS WHO TOOK AN OUT OF LEVEL TEST (5)	STUDENTS WHO DID NOT TAKE ANY ASSESSMENT		
		PARENTAL EXEMPTIONS (6)	ABSENT (7)	EXEMPT FOR OTHER REASONS ¹ (8)
3			192	
4			171	
5			225	
6			249	
7			193	
8			205	
HIGH SCHOOL (SPECIFY GRADE: ____10____)			430	

¹ In a separate listing, report the number of students exempted for other reasons by grade and specific reason.

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SECTION C. PERFORMANCE OF STUDENTS WITH DISABILITIES ON MATH ASSESSMENT

REGULAR ASSESSMENT ON GRADE LEVEL (9A)											
GRADE LEVEL	TEST NAME	<u>1</u> Achievement Level	<u>2</u> Achievement Level	<u>3</u> Achievement Level	<u>4</u> Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	9A ROW TOTAL ¹
3	AIMS358-DPA	3098	2665	3649	822						10234
4	AIMS358-DPA	3907	2430	3119	1077						10533
5	AIMS358-DPA	4498	2728	2742	527						10495
6	AIMS358-DPA	5700	1882	1977	369						9928
7	AIMS358-DPA	4929	2047	1932	256						9164
8	AIMS358-DPA	5730	1340	1298	136						8504
HIGH SCHOOL (SPECIFY GRADE: ___10___)	AIMSHS-DPA	5095	698	1119	66						6978

LOWEST ACHIEVEMENT LEVEL CONSIDERED PROFICIENT: 3¹ The total number of students reported by achievement level in 9A is to equal the number reported in column 3 minus the number reported in column 3C.

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SECTION C. PERFORMANCE OF STUDENTS WITH DISABILITIES ON MATH ASSESSMENT (CONTINUED)

ALTERNATE ASSESSMENT ON GRADE LEVEL STANDARDS (9B)											
GRADE LEVEL	TEST NAME	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	9B ROW TOTAL ¹
3											
4											
5											
6											
7											
8											
HIGH SCHOOL (SPECIFY GRADE: _____)											

LOWEST ACHIEVEMENT LEVEL CONSIDERED PROFICIENT: _____

¹ The total number of students reported by achievement level in 9B is to equal the number reported in column 4A minus that portion of 4D that refers to invalid results from assessments scored against grade level achievement standards.

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SECTION C. PERFORMANCE OF STUDENTS WITH DISABILITIES ON MATH ASSESSMENT (CONTINUED)

ALTERNATE ASSESSMENT SCORED AGAINST ALTERNATE STANDARDS (9C)											
GRADE LEVEL	TEST NAME	F	A	M	E						9C ROW TOTAL ²
		Achievement Level ¹	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	
3	ESSAIMS-A	93	152	390	47						682
4	ESSAIMS-A	98	111	368	64						641
5	ESSAIMS-A	109	97	310	67						583
6	ESSAIMS-A	126	130	389	64						709
7	ESSAIMS-A	102	145	421	54						722
8	ESSAIMS-A	93	175	411	62						741
HIGH SCHOOL (SPECIFY GRADE: ____10____)	ESSAIMS-A	81	151	358	84						674

LOWEST ACHIEVEMENT LEVEL CONSIDERED PROFICIENT: _____ M _____

¹ Include all students whose assessment counted in the lowest achievement level because of the NCLB 1% cap.

² The total number of students reported by achievement level in 9C is to equal the number reported in column 4B minus that portion of 4D that refers to invalid results from assessments scored against alternate achievement standards.

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SECTION C. SUMMARY OF THE PERFORMANCE OF STUDENTS WITH DISABILITIES ON MATH ASSESSMENT (CONTINUED)

	TOTAL REPORTED FOR COLUMN 9A (FROM PAGE 5) ¹	TOTAL REPORTED FOR COLUMN 9B (FROM PAGE 6) ¹	TOTAL REPORTED FOR COLUMN 9C (FROM PAGE 7) ¹	NO VALID SCORE ^{1,2} (10)	TOTAL ^{1,3} (11)
GRADE LEVEL					
3					
4					
5					
6					
7					
8					
HIGH SCHOOL (SPECIFY GRADE: _____)					

¹STATES SHOULD NOT REPORT DATA ON THIS PAGE. THESE DATA WILL BE CALCULATED FROM THE REPORTED DATA AFTER THE COUNTS ARE SUBMITTED. PLEASE REVIEW FOR ERRORS.

² Column 10 is calculated by summing the numbers reported in column 3C plus column 4D plus column 5 plus column 6 plus column 7 plus column 8.

³ Column 11 should equal the number of students with IEPs reported in column 1 of Section A. If the number of students is not the same, provide an explanation. Column 11 should always equal the sum of the number of students reported in columns 3 plus column 4 plus column 5 plus column 6 plus column 7 plus column 8.

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SECTION D. ENROLLMENT DATA FOR THE READING ASSESSMENT¹

DATE OF ENROLLMENT COUNT: _____4-09-07, and 2-27-07_____

GRADE LEVEL	STUDENTS WITH IEPs (1)	ALL STUDENTS (2)
3	11166	82934
4	11392	82273
5	11368	83001
6	10955	81919
7	10190	82320
8	9549	80693
HIGH SCHOOL (SPECIFY GRADE: ____10____)	8302	77132

¹At a date as close as possible to the testing date.

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SECTION E. PARTICIPATION OF STUDENTS WITH DISABILITIES ON READING ASSESSMENT

GRADE LEVEL	STUDENTS WITH DISABILITIES WHO TOOK REGULAR ASSESSMENT ON GRADE LEVEL ACHIEVEMENT STANDARDS			
	TOTAL (3)	SUBSET (OF 3) WHO TOOK THE ASSESSMENT WITH ACCOMMODATIONS (3A)	LEP STUDENTS IN US < 12 MONTHS WHOSE ENGLISH PROFICIENCY TEST REPLACED REGULAR READING ASSESSMENT (3B)	SUBSET (OF 3) WHOSE ASSESSMENT RESULTS WERE INVALID ² (3C)
3	10298	578		56
4	10581	633		57
5	10563	628		56
6	9997	492		67
7	9276	416		85
8	8603	346		88
HIGH SCHOOL (SPECIFY GRADE: ____10____)	7299	362		199

¹ Report those LEP students who, at the time of the reading assessment, were in the United States for less than 12 months and took the English proficiency test in place of the regular reading assessment.

² Invalid results are assessment results that cannot be used for reporting and or aggregation due to problems in the testing process (e.g., students do not take all portions of the assessment, students do not fill out the answer sheet correctly) **or changes in testing materials that resulted in a score that is not deemed by the State to be comparable to scores received by students who took the assessment without these changes.**

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SECTION E. PARTICIPATION OF STUDENTS WITH DISABILITIES ON READING ASSESSMENT (CONTINUED)

GRADE LEVEL	STUDENTS WITH DISABILITIES WHO TOOK ALTERNATE ASSESSMENT				
	TOTAL (4)	SUBSET (OF 4) WHOSE ALTERNATE WAS SCORED AGAINST GRADE LEVEL STANDARDS (4A)	SUBSET (OF 4) WHOSE ALTERNATE WAS SCORED AGAINST ALTERNATE ACHIEVEMENT STANDARDS (4B)	SUBSET (OF 4B) COUNTED AT THE LOWEST ACHIEVEMENT LEVEL BECAUSE OF THE NCLB 1% CAP ¹ (4C)	SUBSET (OF 4) WHOSE ASSESSMENT RESULTS WERE INVALID ² (4D)
3	682	682	NA		0
4	641	641	NA		0
5	583	583	NA		0
6	711	711	NA		0
7	722	722	NA		0
8	739	739	NA		0
HIGH SCHOOL (SPECIFY GRADE: ____10____)	674	674	NA		0

¹ NCLB 1% cap is the limit on the number of **scores on an alternate assessment on alternate achievement standards that can be counted as proficient** AYP calculations.

² Invalid results are assessment results that cannot be used for reporting and or aggregation due to problems in the testing process (e.g., students do not take all portions of the assessment, students do not fill out the answer sheet correctly) **or changes in testing materials that resulted in a score that is not deemed by the State to be comparable to scores received by students who took the assessment without these changes.**

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TABLE 6
**REPORT OF THE PARTICIPATION AND PERFORMANCE OF STUDENTS WITH DISABILITIES ON STATE
ASSESSMENTS BY CONTENT AREA, GRADE, AND TYPE OF ASSESSMENT**

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SECTION E. PARTICIPATION OF STUDENTS WITH DISABILITIES ON READING ASSESSMENT (CONTINUED)

GRADE LEVEL	STUDENTS WHO DID NOT TAKE AN ASSESSMENT IN ACCORDANCE WITH NCLB			
	STUDENTS WHO TOOK AN OUT OF LEVEL TEST (5)	STUDENTS WHO DID NOT TAKE ANY ASSESSMENT		
		PARENTAL EXEMPTIONS (6)	ABSENT (7)	EXEMPT FOR OTHER REASONS ¹ (8)
3			186	
4			170	
5			222	
6			247	
7			192	
8			207	
HIGH SCHOOL (SPECIFY GRADE: ___10___)			329	

¹ In a separate listing, report the number of students exempted for other reasons by grade and specific reason.

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TABLE 6
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SECTION F. PERFORMANCE OF STUDENTS WITH DISABILITIES ON READING ASSESSMENT

REGULAR ASSESSMENT ON GRADE LEVEL (9A)											
GRADE LEVEL	TEST NAME	1 Achievement Level	2 Achievement Level	3 Achievement Level	4 Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	9A ROW TOTAL ¹
3	AIMS358-DPA	2939	3747	3141	415						10242
4	AIMS358-DPA	4274	3098	2786	366						10524
5	AIMS358-DPA	3702	3684	2938	183						10507
6	AIMS358-DPA	3696	3711	2412	111						9930
7	AIMS358-DPA	3483	3569	2026	113						9191
8	AIMS358-DPA	3772	3119	1569	55						8515
HIGH SCHOOL (SPECIFY GRADE: ____10____)	AIMSHS-DPA	2501	2735	1825	39						7100

LOWEST ACHIEVEMENT LEVEL CONSIDERED PROFICIENT: _____3_____

¹ The total number of students reported by achievement level in 9A is to equal the number reported in column 3 minus the number reported in column 3C.

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SECTION F. PERFORMANCE OF STUDENTS WITH DISABILITIES ON READING ASSESSMENT (CONTINUED)

ALTERNATE ASSESSMENT ON GRADE LEVEL STANDARDS (9B)											
GRADE LEVEL	TEST NAME	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	9B ROW TOTAL ¹
3											
4											
5											
6											
7											
8											
HIGH SCHOOL (SPECIFY GRADE: _____)											

LOWEST ACHIEVEMENT LEVEL CONSIDERED PROFICIENT: _____

¹ The total number of students reported by achievement level in 9B is to equal the number reported in column 4A minus that portion of 4D that refers to invalid results from assessments scored against grade level achievement standards.

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SECTION F. PERFORMANCE OF STUDENTS WITH DISABILITIES ON READING ASSESSMENT (CONTINUED)

ALTERNATE ASSESSMENT SCORED AGAINST ALTERNATE STANDARDS (9C)											
GRADE LEVEL	TEST NAME	F	A	M	E						9C ROW TOTAL ²
		Achievement Level ¹	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	Achievement Level	
3	ESSAIMS-A	119	124	411	28						682
4	ESSAIMS-A	107	101	385	48						641
5	ESSAIMS-A	106	86	334	57						583
6	ESSAIMS-A	116	127	404	64						711
7	ESSAIMS-A	100	135	434	53						722
8	ESSAIMS-A	89	167	434	49						739
HIGH SCHOOL (SPECIFY GRADE: ____10____)	ESSAIMS-A	89	154	393	38						674

LOWEST ACHIEVEMENT LEVEL CONSIDERED PROFICIENT: M

¹ Include all students whose assessment counted in the lowest achievement level because of the NCLB 1

² The total number of students reported by achievement level in 9C is to equal the number reported in column 4B minus that portion of 4D that refers to invalid results from assessments scored against alternate achievement standards.

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ASSESSMENTS BY CONTENT AREA, GRADE, AND TYPE OF ASSESSMENT

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SECTION F. SUMMARY OF THE PERFORMANCE OF STUDENTS WITH DISABILITIES ON READING ASSESSMENT (CONTINUED)

	TOTAL REPORTED FOR COLUMN 9A (FROM PAGE 13) ¹	TOTAL REPORTED FOR COLUMN 9B (ON PAGE 14) ¹	TOTAL REPORTED FOR COLUMN 9C (ON PAGE 15) ¹	NO VALID SCORE ² (10)	TOTAL ³ (11)
GRADE LEVEL					
3					
4					
5					
6					
7					
8					
HIGH SCHOOL (SPECIFY GRADE: _____)					

¹STATES SHOULD NOT REPORT DATA ON THIS PAGE. THESE DATA WILL BE CALCULATED FROM THE REPORTED DATA AFTER THE COUNTS ARE SUBMITTED. PLEASE REVIEW FOR ERRORS.

² Column 10 is calculated by summing the numbers reported in column 3C plus column 4D plus column 5 plus column 6 plus column 7 plus column 8.

³ Column 11 should equal the number of students with IEPs reported in column 1 of Section A. If the number of students is not the same, provide an explanation. Column 11 should always equal the sum of the number of students reported in columns 3 plus column 4 plus column 5 plus column 6 plus column 7 plus column 8.

Attachment 2: Dispute Resolution Data

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	162
(1.1) Complaints with reports issued	112
(a) Reports with findings	72
(b) Reports within timeline	103
(c) Reports within extended timelines	9
(1.2) Complaints withdrawn or dismissed	40
(1.3) Complaints pending	10
(a) Complaint pending a due process hearing	0
SECTION B: Mediation requests	
(2) Mediation requests total	37
(2.1) Mediations	23
(a) Mediations related to due process	11
(i) Mediation agreements	7
(b) Mediations not related to due process	12
(i) Mediation agreements	10
(2.2) Mediations not held (including pending)	14
SECTION C: Hearing requests	
(3) Hearing requests total	58
(3.1) Resolution sessions	22
(a) Settlement agreements	16
(3.2) Hearings (fully adjudicated)	2
(a) Decisions within timeline	1
(b) Decisions within extended timeline	1
(3.3) Resolved without a hearing	16
SECTION D: Expedited hearing requests (related to disciplinary decision)	
(4) Expedited hearing requests total	3
(4.1) Resolution sessions	1
(a) Settlement agreements	1
(4.2) Expedited hearings (fully adjudicated)	0
(a) Change of placement ordered	0

Attachment 3: List of Acronyms

APBSI	Arizona Positive Behavior Support Initiative
ADE	Arizona Department of Education
AIMS	Arizona's Instrument to Measure Standards
AIMS-A	Arizona's Instrument to Measure Standards-Alternate Assessment
ALJ	Administrative Law Judge
AT	Assistive Technology
AYP	Adequate Yearly Progress
AzEIP	Arizona Early Intervention Program for Infants and Toddlers
CACM	Corrective Action Compliance Monitor
CAP	Corrective Action Plan
CSPD	Comprehensive System of Personnel Development
CTE	Career and Technical Education
DEC	Division of Early Childhood
ECE	Early Childhood Education
ESS	Exceptional Student Services
FAPE	Free appropriate public education
FFY	Federal Fiscal Year
Group B	Arizona Funding Category for Significant Disabilities
IDEA	The Individuals with Disabilities Education Act
IDEAL	Integrated Data to Enhance Arizona's Learning
IEP	Individualized Education Program
IT	Information Technology
LRE	Least restrictive environment
MPRRC	Mountain Plains Regional Resource Center
NASDSE	National Association of State Directors of Special Education

NCCREST	National Center for Culturally Responsive Education Systems
NCLB	No Child Left Behind Act
NCSEAM	National Center for Special Education Accountability and Monitoring
NIMAC	National Instructional Materials Accessibility Center
NIMAS	National Instructional Materials Accessibility Standard
OAH	Office of Administrative Hearings
OSEP	Office of Special Education Programs/U.S. Department of Education
PEA	Public Education Agency
PINS	Parent Information Network Specialist
PSO	Post School Outcome
RTI	Response to Intervention
SAIS	Student Accountability Information System
SEAP	Special Education Advisory Panel
S.E.L.E.C.T.	Special Education Learning Experiences for Competency in Teaching
SFY	State Fiscal Year
SIG	State Improvement Grant
SSPD	School Safety and Prevention Division
STaR	System Training and Response
SUPPORT	System for Utilizing Peers in Program Organization, Review, and Technical Assistance
SWD	Students with Disabilities
TA	Technical Assistance
WRR	Weighted Risk Ratio

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Administrative Services
1535 W. Jefferson
Phoenix, AZ 85007
Phone: (602) 542-3186
Fax: (602) 542-3073

Printed in Phoenix, Arizona, by the Arizona Department of Education